THE PSYCHOLOGICAL FUNCTIONING, SELF-CONCEPT, AND LOCUS OF CONTROL OF BATTERED WOMEN IN A SPOUSE ABUSE SHELTER

By

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Previous case studies have suggested that battered women have various deficits in their psychological functioning which include a low self-concept and an external locus of control. The purpose of this study was to assess and describe in detail these psychological characteristics with battered women in a spouse abuse shelter for the first time.

Case study narratives and individual and group data were presented for 16 battered women in a shelter. They participated in interviews and completed a structured questionnaire, the MMPI, the Tennessee Self-Concept Scale, and the Adult Nowicki-Strickland locus of control scale. All subjects were living in a conjugal-type relationship with their batterers.

Results indicated that these women were functioning at an average to below average level and they experienced many serious psychological problems in several of the areas assessed by the instruments. A low self-concept and external locus of control as reported in the literature also were discovered. Results also indicated that these battered women had made active attempts to appease their batterers and to escape or avoid the violence. They were not completely passive as previously reported in portions of the literature.

Conclusions of this study were that spouse abuse may have a severe negative effect on the psychological functioning of the battered woman. There may be a post battering personality as a result of the abuse. These battered women were not prone to seek community or outside help until the abuse caused great bodily harm or threatened to become lethal. Only one subject had been involved in a counseling relationship prior to admission to the shelter. Implications for shelter counselor training and treatment issues were discussed.

CHAPTER ONE
INTRODUCTION

Statement of the Problem

The psychological needs of battered women residing in spouse abuse shelters have only recently been addressed by researchers and therapists. Early in the 1970's advocates for spouse abuse victims developed safe housing programs throughout England and then in America. The first shelter programs concentrated on providing food, clothing and safety from the battering husband in a confidential location, but many of these women returned to their abusive husbands and relationships within a few days as the bruises began to fade. The cycle of violence as described by Walker (1979) would once again begin. Recent research in the field has concentrated on the psychological profile of the battered woman and why she behaves and reacts the way she does (Pagelow, 1981a; Rosewater, 1983; Walker, 1983).

Over the past 10 years shelter boards and staff have been developing counseling programs for these women and children residents. These programs attempt to intervene in the psychological issues that profoundly influence the lives and behaviors of spouse abuse victims. A major point of agreement among mental health professionals is

that most victims of continued battering lack ego strength and have problems with a negative self-concept (Hilberman & Munson, 1978; Pagelow, 1981a; Walker, 1977-78, 1979). Most wife beating is preceded by emotional or psychological abuse and almost all physical abuse is accompanied by extreme verbal abuse (Dobash & Dobash, 1979; Flanzer, 1982; Gelles, 1979). This negative verbal abuse is very powerful when stated by such a significant other. It is generally believed among professionals that repeated batterings may also produce an external locus of control perception, learned helplessness, and a specific victim personality profile (Symonds, 1975; Walker, 1979, 1983).

Research on spouse abuse and domestic violence has previously focused on various factors: the frequency and nature of wife beating, the perceived causes, a history of violence in the family of origin, and incidences within all levels of society (Eisenberg & Micklow, 1974; Gelles, 1976; Martin, 1976; Roy, 1977; Steinmetz & Straus, 1974; Walker, 1979). In the early victim studies by Gayford (1975) and by Gelles (1972), various theories were presented concerning wife provocation. Lester (1980), later studied wife beating from a cross cultural perspective and found that wife beating was much more common in societies in which the status of the female was inferior to that of the male. Other studies were concerned with societal conditioning, cultural conditioning through sex role stereotyping, and learned behavior and modeling

(Bandura, 1977; Moore, 1979; Straus, Gelles, & Steinmetz, 1979; Walker, 1977-78).

Information from case studies, counseling sessions, and more recent survey research has revealed that battered women, especially those who have had repeated batterings or secondary battering (Pagelow, 1984, 1981a), develop certain psychological deficits within their personalities that prevent them from taking positive action to escape the situation or to change their violent life style (Walker, 1979). Other types of victims of repeated physical assaults, such as hostages or prisoners of war, seem to develop similar personality characteristics in response to the abuse (Symonds, 1975). These deficits coupled with the road blocks presented to the battered wife by society often leave her with few alternatives to help her stop the abuse.

Seligman (1975) commented on the pervasiveness of helplessness in our world that has been so well learned by certain members of our society. Walker (1979, 1983) hypothesized the existence of a battered wife syndrome and included learned helplessness as a major component. The battered woman often perceives no alternatives and feels that her life is totally controlled by the batterer who degrades her both physically and verbally. Symonds (1975) studied the reactions and lasting feelings of fear, despair, hopelessness and worthlessness of victims who had been repeatedly beaten. Murphy (1947) discussed how

certain traumatic events can cause an individual to alter earlier self-appraisals from positive to negative.

Maslow (1954) theorized that in most instances an individual's basic physiological and psychological safety needs must be met before self-esteem can be established or built. To feel good about one's self, a person usually needs to feel safe from constant physical harm. Although spouse abuse shelters provide a degree of safety, counseling interventions need to be developed that aid the battered woman to increase personal control over her life and her children's lives and to help her develop a more positive self-concept.

Two personality constructs, self-concept and locus of control, seem to be crucial to an individual who is trying to develop more efficient problem solving skills, more effective coping mechanisms, and important to one who is seeking various alternatives to solve a traumatic situation (Claerhont, Elder & Janis, 1982; Phares, 1976). Both constructs are often mentioned throughout the professional and popular literature concerning spouse abuse. Fitts (1972a) found that those people who see themselves as undesirable, worthless or bad and incompetent tend to act accordingly.

Purpose of the Study

The purpose of this present research was to investigate and identify by case study and other personality measurement instruments the current psychological

functioning of battered women who are residing in a spouse abuse shelter. Special emphasis also was placed on the assessment of the self-concept and the locus of control perceptions of these women. Relationships which existed among these variables were examined. Nature, extent and frequency of the battering with each subject was noted. This study gathered baseline data concerning these variables and their relationship to each other in hopes of developing information for future research in the field and information for pertinent counseling interventions.

Need for the Study

Research has demonstrated that repeated emotional and physical assaults from an intimate have major and often devastating effects on the psychological functioning of an individual and that these effects can generalize into other areas of the victim's life. A battered woman may take the view that she is worthless, stupid, and deserving of such punishment as has been discovered in studies of abused children (Helfer & Kemp, 1968). Many previous researchers and counselors have reported that battered wives also have a low self-concept (Martin, 1976; Prescott & Letko, 1977; Walker, 1979). They have learned to be helpless and are controlled by others or a powerful other (Walker, 1977-78, 1979; Wetzel & Ross, 1983). They experience a lack of motivation, impaired trust, and depression and anxiety from these feelings and perceptions (NiCarthy, 1982; Pagelow, 1981a; Prescott & Letko,

1977; Star, 1979). Walker (1979) labeled these feelings and actions in battered women as the Battered Woman Syndrome.

Low self-concept and an external locus of control perception have been associated with several important factors which can inhibit individuals from taking charge of their lives and from developing non-violent life styles or escaping violent marriages. Shelter counselors could ideally facilitate competent decision making and goal setting by helping clients to rebuild their confidence, to raise their self-concept, and to alleviate their doubts about their own abilities as have other types of women's counseling programs (Manis & Mochizuki, 1972). However, counselors must first understand the spouse abuse victim's present personality and feelings.

Existing research suggests that violence may be generational and continue to pass from parents to children (Roy, 1977; Straus, Gelles, & Steinmetz, 1979). Studies in self-concept and locus of control variables demonstrate that parents with a more positive self-concept and an internal locus of control perception treat their children differently and pass on different behaviors. Parents with high self-concepts can engender high self-concepts in their children which in turn helps their children to be less apt to engage in hostile-aggressive behavior and feel less angry (Saul, 1980; Yawkey, 1980). It has also been proposed that parents who teach their children that there is a link between what they do and what happens to them or

an internal locus of control have more positive mental health (Bhagat & Chassie, 1978).

None of the previously mentioned studies focused on the self-concept and locus of control views of the battered woman who is actively seeking safety and help and/or is trying to escape a violent husband. Self-concept and locus of control constructs have been studied extensively in children (Fitts & Hamner, 1969; Kanoy, Johnson & Kanoy, 1980; Nowicki & Strickland, 1973; Phares, 1976; Yawkey, 1980) and in adult populations (Fitts, 1972b; Lefcourt, 1982; Phares, 1976). As discussed earlier, shelter professionals are now becoming specifically interested in the personality constructs of self-concept and locus of control since those constructs seem to affect decisions which a battered woman must make to develop a continuing nonviolent and safe life style for herself and her children (Gelles, 1976; Hartik,1982; Hendricks-Matthews, 1982; Pagelow, 1984; Rosewater, 1983; Walker, 1983).

Successful shelter counseling programs could be developed to provide positive intervention for battered women who are experiencing negative feelings of incompetence and worthlessness coupled with a lack of motivation or helplessness. Battered women need to learn to believe that their own behavior can affect what happens to them and to their children before they can change their violent life style (Walker, 1979). To develop such programs more information must be obtained concerning the

actual psychological functioning of these victims when they are seeking shelter.

Recently a few researchers have assessed the above mentioned variables with battered women, concentrating on one or two variables in each study, i.e., locus of control, self-concept, anxiety, fear (Gellen, Hoffman, Jones, & Stone, 1984; Gravdal, 1982; Hartik, 1982; Launius, 1983; Lewis, 1982; Rosewater, 1983; Walker, 1983). The subjects in these studies were mixed samples of battered women and nonbattered women or currently battered women and formerly battered women. To date there are no published studies assessing all of these variables (psychological functioning, self-concept, and locus of control) and their relationship to each other for battered women who are first entering and residing in a spouse abuse shelter.

Significance of the study

This study is significant because most experts in the field will agree that if a woman's attempts at therapy or escape are not successful, she stands an excellent chance of returning to her violent home where there is a high risk of murder (Davidson, 1978; Dobash & Dobash, 1979; Hendricks-Mattheus, 1982; Truninger, 1971; Walker, 1980). The Federal Bureau of Investigation (FBI) reported in the late 1970's that 40% of all murders of women are committed by their husbands or boyfriends (Davidson, 1978).

It is important that shelter program counselors develop interventions which are successful for the woman resident. It is theorized by spouse abuse researchers that a woman who can develop some control over her own life and the assertiveness to exert this control plus a positive self-concept will be able to leave her violent partner and stay away from any marriage that has recurring violence. Until the advent of shelters battered women did not submit to interviews concerning their "secret problem." Also there were no treatment facilities or shelters for abused wives where they could freely and without shame or guilt discuss their problems and not have to cover up for their batterers.

This study addressed a neglected area of inquiry and will contribute to the paucity of research on the psychological functioning, the self-concept, and the locus of control views of spouse abuse victims, specifically battered women residing in a spouse abuse shelter for the first time.

Definition of terms

Battered woman was defined as any woman who has been intentionally assaulted by her mate in ways which cause her pain or injury. Physical assaults consist of punching, kicking, burning, using a weapon against her, throwing items or furniture at her or beating her head or body against objects, walls, etc.

Batterer was defined as any man living in a conjugal type relationship with a woman whom he physically assaults as described above.

Learned helplessness was defined as the end result of a process in which the individual learns to believe that desired outcomes are independent of that individual's responses. The person learns uncontrollability.

Self-concept was defined as a personality construct in which an individual develops a unique set of perceptions, ideas, and attitudes about one's self. These perceptions are built upon past experience and interactions with others. It may also be described as a feeling of worth, value and effectiveness which develops as a result of and in response to the reaction of significant others.

Locus of control was defined as one's generalized expectancy about behavior-consequence contingencies. Internals usually attribute success and/or failures to their own actions. Externals usually give credit to powerful others, fate, luck, chance or God.

Spouse abuse was defined as the situation in which one spouse or partner physically assaults the other spouse or partner.

Spouse abuse shelter was defined as a residential facility which provides safe and confidential housing for battered women. Time of residency can vary from a few days to several months.

Organization of the Study

Chapter Two surveys the pertinent literature in three major areas. The first section is comprised of the history and effects of wife beating, the dynamics of the battering relationship and the psychological profile of the battered woman and her abusing husband. This section also discusses the results of battering upon the personality of the victim.

The second major area discusses literature which is relevant to the personality constructs of self-concept and locus of control and their importance to the battered woman's dilemma. The third major area reviews the pertinent literature concerning the role of shelter counseling program staff and interventions.

Chapter Three describes the study design, the research questions, the population and sample, the instruments, procedures, analysis of data, and limitations of this study. The results of this study are presented and discussed in Chapter Four. The conclusions, implications, and summary of these results, and recommendations are presented in Chapter Five.

CHAPTER TWO
REVIEW OF THE LITERATURE

The review of the literature focuses on three major areas pertinent to this study: the psychodynamics of the battered wife and the physically abusive marriage and partner, the personality constructs of self-concept and of locus of control, and the spouse abuse shelter counseling movement in this country.

Contrary to the earlier victim prone studies of 15 years ago, recent research on battered wives considers the possibility that the abused wife's current psychological functioning is a result, not a cause, of her victimization (Gellen, Hoffman, Jones, & Stone, 1984; Hartik, 1982; Rosewater, 1983; Walker, 1983). Wife beating has been a time honored tradition in many families in our culture for hundreds of years. During the past decade sociologists and psychologists have investigated the causes of wife beating from various perspectives. Spouse abuse in modern times has been estimated as occurring at least once in 30-50% of American marriages (Gelles, 1980; Straus, Gelles, & Steinmetz, 1979; Walker, 1979). The average American wife takes a much greater risk of being assaulted in her own marital home than in walking on the streets of any crime ridden city in the United States (Thorman, 1980).

Reasons for the occurrence of spouse abuse and society's lack of response to the victims also have been researched with great interest; however, there is a noticeable scarcity of reported studies which assess the battered wife's current psychological functioning. Before 1982 there was even less empirical research on her self-concept and locus of control perceptions. There were a few studies and research papers concerning these variables beginning that year (Gravdal, 1982; Hartik, 1982; Launius, 1983; Lewis, 1982).

Beating and physically disciplining one's wife have been allowed and often regulated by law since ancient times. There have even been laws concerning how men could beat their wives and on what days (Chapman & Gates, 1978). Martin Luther recorded in detail his own wife abuse and Friar Cherubino of Srena (1450-1481) compiled a text on the Rules of Marriage which stated that wife beating was condoned by law (Flanzer, 1982). In the first American 13 colonies rules and regulations were abundant as to how to physically chastise one's wife.

Psychological Effects of Spouse Abuse

Many experts in the study of spouse abuse express the view that the socialization of the typical American girl prepares her to be easily victimized by a brutal domineering husband. Her identity is often founded on being the nurturant caretaker for others and on being pleasing to others but not on being a nurturer to herself. Her

self-concept may well depend upon her ability to be a good wife and homemaker, whether or not she has another career (Ball & Wyman, 1977-78; Walker, 1978). Various surveys of women have reported that women feel their happiness should come through marriage and the success or failure of that marriage also is the woman's responsibility (Pagelow, 1981a). Martin (1976) discovered that the battered wife may also come to the conclusion, as many shelter counselors have related, that the more violent her husband is, the sicker he is and thus the more he needs her.

The literature reports that the typical battered wife usually assumes responsibility for the batterer's actions at some point in time, internalizes this blame, and is not able to perceive alternatives to end her situation or her conflicting feelings (Ball & Wyman, 1977-78; Fleming, 1979; Hendricks-Matthews, 1982; Walker, 1983). A study comparing non-battered women to battered women in a rural area reported that the battered women studied were also more likely to produce avoidant and dependent ineffective alternatives to problems (Claerhont, Elder, & Janis, 1982).

Psychological problems are similar throughout the psychological case studies and the sociological surveys. Low self-concept, chronic anxiety and/or depression, learned helplessness, denial, shame, guilt, psychosomatic complaints, and social isolation and withdrawal are all characteristics of the battered wife (Dobash & Dobash, 1979; Gelles, 1976; Straus, 1977-78).

Battered women become passive and compliant as a survival technique. The abused wife's powerlessness is often enhanced by the uncaring and judgmental attitude and treatment which she receives from the social systems around her. Ball and Wyman (1977-78) emphasized in their work with abused women that living in a battering relationship only increases the feelings of powerlessness and worthlessness that women are already socialized by our culture to feel.

Research studies report that victims who withstand intensive and extended periods of abuse have similar characteristics. They can become extremely depressed, their thinking may become confused and distorted, and they experience feelings of self-doubt and guilt (Rosewater, 1983; Symonds, 1975; Thorman, 1980). The battered wife experiences a serious additional factor: repeated acts of violence administered by someone who is supposed to love her can seriously damage her self-concept and lead to emotional confusion as discovered by Straus, Gelles, & Steinmetz (1979). The battered wife's lowered sense of self-concept may lead her to underestimate her ability to do anything on her own or to do anything about the relationship.

In the physically abusive marriage logical relationships do not occur and usual responses do not always follow customary reactions (Davidson, 1978; Fleming, 1979). The wife may change her responses to ones that she hopes are more acceptable to her husband. Her abuser changes his

mind later and wants another response. The wife then begins to feel persecuted. She becomes isolated from contact with others and she can receive no logical feedback on her situation or her feelings (NiCarthy, 1982; Walker, 1979).

Symonds (1975) explored the psychological reactions of victims of violent crimes and reported a difference between the reactions of victims of sudden unexpected attacks and those who have extended contact with their aggressor as occurs in hostage-taking or a kidnapping. Victims of these type crimes feel overwhelming terror which causes clinging, nonthinking behavior. The victim begins to view the attacker as a protector and begins to appease this person in an effort to survive. Symonds found a frozen fright response which was so extensive that the victim felt helpless to escape. In Symonds's cases women seemed to manifest the frozen, frightened response more than men.

Several other researchers have noted that the battered woman has a deeply ingrained sense of terror which can become overwhelming. She feels hopeless about escaping and believes that her survival depends on her ability to appease or satisfy her husband or he will track her down (Flanzer, 1982; Pizzey, 1974). Reported interviews with shelter directors in England and America prove that a batterer will follow his wife for months after she leaves him (Davidson, 1978; Fleming, 1979; Roy, 1977; Walker, 1979). Pfouts (1978) found that this extreme fear becomes expressed in passive behaviors. Battered women are afraid

to stay and are terrified to leave for fear of inescapable reprisals (Walker, 1979; Wardell, Gillespie, & Leffler, 1983). Walker (1983) found evidence to support that a temporary separation of the couple does increase the violence at a later date if she returns to her batterer.

One must also understand the personality profile of the battering husband and how he relates to his wife to fully comprehend a battered woman's reactions and emotions. The typical wife beater is described throughout the recent literature as an insecure, immature abuser of power who often manifests Dr. Jekyll/Mr.Hyde behavior (Allen & Straus, 1975; Ponzetti, Cate, & Koval, 1982). He is usually seen by the general public as a "good Joe" but he can experience periods of domineering, hostile, tyrannical behavior when in the privacy of his own home.

Case studies and recent programs for batterers such as EMERGE and Batterers Anonymous report that batterers feel excessive jealousy and will try to isolate the wife from most outside contact including her parents (Allen & Straus, 1975; Flanzer, 1982). He can become the master of overkill; one day he beats her for a minor disagreement and the next day he is in the remorseful stage and showers her with love, affection and gifts. This attitude and style of overkill may permeate many aspects of their marriage. Davidson (1978) discovered in her interviews that a wife beater actually may feel that his wife should be punished if she violates certain standards of behavior which the husband defines. This type of husband

will often accuse his wife of imagined infidelities and berate her for being a poor wife and mother (Pagelow, 1981a). Wetzel and Ross (1983) have collected 11 characteristics shared by battering husbands. These and others noted in the literature are displayed in Table 2-1 (Fleming, 1979; Ponzetti, Cate, & Koval, 1982; Roy, 1977).

The batterer externalizes blame for his attacks and tells his wife that she made him mad at her, or that he lost control of himself because he was drinking. He displaces his anger and blames others for his own personal turmoil and hostility (Flanzer, 1982; Shields & Hanneke, 1983). Similar to other types of violent men (Toch, 1969), batterers have a tendency to suddenly interpret normal situations or events as threatening, challenging, or overpowering. They can turn harmless discussions into violent struggles for control, power, and survival to satisfy their own personal unmet needs or to feel powerful. It has been strongly suggested in the research that wife beaters may model this coping behavior of overt aggression from their fathers (Bandura, 1977; Gelles, 1972; Rounsaville, 1978). However, they remain emotionally dependent men whose greatest fear is that their women will leave them (Davidson, 1978). They feel that they must control the woman and her environment to prevent this (Dobash & Dobash, 1979; Walker, 1979).

Dobash and Dobash (1979) engaged in extensive interviews with battered women in England and Scotland.

Table 2-1
Profile of a Batterer

Excessive jealousy of partner
Controls and isolates partner
Jekyll/Hyde personality
Explosive temper to insignificant events
Verbal and physical abuser
Learned predispostion toward violence
Uses projection
Uses denial
Inexpressive
Lacks assertiveness
Emotionally dependent
Believes in rigid and traditional sex-role attitudes
Dependent on alcohol and/or drugs

These women described how their batterers withheld affection and economic resources and used extreme verbal abuse with the beatings. They also reported that the emotional abuse is remembered by the wives long after the physical wounds have healed. Others have reported that the violent behaviors seem to escalate over time (Gayford, 1975; Nichols, 1975; Scott, 1974) and that the violent encounters are not necessarily the result of prolonged arguments (Flanzer, 1982). Many of these researchers point out that the use of alcohol is prevalent and those incidents where alcohol is present increases the risk of injury.

Walker (1979, 1980, 1983) described a cycle theory of wife battering which entails three phases. Phase One is the tension building phase in which the wife notices that her husband is reacting negatively to minor frustrations or is becoming edgy and irritable. She attempts to calm him and placates him by becoming nurturing and compliant. She tries to anticipate his every need and conceals her own anger when he is unreasonable or illogical. She denies her anger and tries to be a good wife. If she has been through these phases before, she will deny her terror of what will happen in Phase Two. She will try to continue to delay the battering with the limited control which she actually can use in this phase.

As the husband's anger increases and the tension escalates, her attempts to placate him become useless. The man becomes even more possessive and demanding and tries

to humiliate her further. She withdraws from him and he moves in with more control techniques.

Phase Two begins and the rageful acute battering incident occurs. A wife beater will often report that he meant to teach her a lesson not to severely hurt her. He usually cannot or will not remember each detail of the abuse. However, Walker (1979) discovered that the battered woman remembers distinctly as though she were a mesmerized outside observer. She may or may not fight back at this point. During Phase Two, women have been assaulted while in a sound sleep or simply walking in the front door. There often seems to be no apparent immediate reason for the battering (Walker, 1979, 1983).

During Phase Three, the wife's victimization becomes complete. The battering husband is fearful she will leave him and he may be genuinely remorseful for his assaultive behavior. He becomes loving and attentive to the extreme. He feels he can control himself in the future and he will not hurt her again. He may tearfully beg her to forgive him.

With only a few words he can "trigger the woman's addictive love, her guilt, her concern for him, her feeling that she is responsible for his life and feelings" (NiCarthy, 1982, p. 11). She feels it would be wrong to not give him another chance. He once again becomes the wonderful and charming man she originally married. She once again believes in him and feels she should be a nurturing, trusting and forgiving woman. She wishes and hopes that he

will not be violent with her in the future (Walker, 1979). Walker (1979) suggested that a wife must experience several of these cycles before she begins to understand that she sells her self for a few moments of Phase Three loving.

Recent research by Kelly and Loesch (1983) found that the battered women they studied had varied opinions as to whether they thought their husbands actually felt remorseful after an abusive episode. Roy (1978) cited case studies where the husbands were not remorseful and denied all violent acts even when the wives were severely bruised.

Social learning theory offers an explanation of why battering can continue and escalate in frequency over time. As Walker (1979) and Pagelow (1981a) have noted in their research, there are usually no significant punishments received by the batterer but there are often reinforcements. Many batterers experience feelings of power and control following a battering episode. Their women begin to appease them and try to remove all sources of irritation so it will not happen again (Davidson, 1978; Walker, 1979). If a wife cannot take steps to retaliate or to temporarily end the marital relationship following a beating, the batterer is likely to continue his abusive behavior (Pagelow, 1981a). The physical act of battering becomes easier with each incident and the batterer organizes rationalizations to resolve any cognitive dissonance he may experience (Lemert, 1972; Pagelow, 1981a).

The punitive environment created by the violent marriage leaves the victim with a sense of fatalism (Lefcourt, 1981) which affects the battered woman's ability to take action or control over her life. The batterer becomes the sole source of her self-esteem as he tries to totally control her and the environment in which they live (Roy, 1977).

In Walker's (1979) first book which reported her innovative pilot research with battered women, she also proposed a specific psychological pattern or profile for abused wives which she labeled the Battered Woman Syndrome. Walker's more recent research (1983) with a sample of 403 self-identified battered women supported the theory that abused women suffer from situationally induced emotional problems due to their abuse. They do not choose to become battered because of some personality defect but they develop behavior disturbances because of the battering.

Other studies are beginning to be reported in the literature regarding the personality profiles of battered women. Hartik (1982) administered the Sixteen Personality Factor Questionnaire (16PF) and the Tennessee Self-Concept Scale to 60 women to further define personality differences between women who had been battered and women who reported that they had never been battered. All subjects were living in a conjugal type relationship. The subjects were divided into two groups; 30 were battered women and 30 were nonbattered women. All of the maladjustment

scales were significant at the .01 level. Battered wives were found to be significantly more generally maladjusted than the self-reported nonbattered wives.

Rosewater (1983) administered the Minnesota Multiphasic Personality Inventory (MMPI) to 118 battered women. A mean profile emerged for battered women which is similar to the mean profile of chronic schizophrenic females. Battered women in this research were pessimistic about their ability to cope, they experienced extreme anger as guilt and turned this anger inward, they were depressed, and they felt they were out of control of their lives and were helpless to change it.

In a most recent study by Gellen, Hoffman, Jones, and Stone (1984), the MMPI was administered to 10 battered women and to 10 nonbattered women. There was a high significant difference at the .005 level between the two groups. Battered women scored higher on those scales indicating personality disorders. The researchers found the profile to be similar to Seligman's (1975) learned helplessness construct. A small sample size limits this study, but it is a beginning of research that has not previously been attempted.

Learned Helplessness

Learned helplessness has been intensively studied in laboratory animals and in human subjects (Hiroto & Seligman, 1975; Seligman, 1975). Helplessness is the psychological state that may result when events are

experienced as uncontrollable by the subject. A battered woman soon learns that no matter what response she makes, she cannot control the batterings. She then begins to believe that she cannot escape the environment. Seligman's laboratory experiments have demonstrated that when a subject learns that certain situations cannot be controlled, the motivation to respond later when those situations are repeated becomes greatly impaired.

Seligman found the key attitude to be the perception or the belief that we cannot control what happens to us. Once the subject firmly believes this, an interference in learning occurs, and the belief is generalized to similar situations later. Seligman found this interference in learning to occur with animals even when the alternative to escape was death.

Walker (1983) found that a battered woman learns this painful lesson early. The random, often illogical attacks from her husband reinforce her belief that no matter what she does, she has little direct control over what happens to her. As she withdraws from his irritation and anger, she becomes more passive and eventually resigns herself to her fate (Finkelhor, Gelles, Hotaling, & Straus, 1983; Walker, 1979).

Helplessness experiments have disclosed three important aftereffects: motivation to respond in the future is decreased or extinguished, learning is retarded, and emotional disturbances such as depression, fear, hostility, and anxiety may result (Gatchel, Paulus, & Maples, 1975;

Hiroto, 1974; Seligman, 1975). The ability to associate responding with relief is greatly impaired. The end result is a neurotic, passive subject who believes there is nothing that can be done to relieve the suffering (Ball & Wyman, 1977-78; Seligman, 1975).

Seligman and his colleagues (Hiroto & Seligman, 1975) also discovered that helplessness can be unlearned as it is learned but it takes many successful attempts by the subject. Battered women like the laboratory animals in Seligman's experiments may need to be shown successful activities or alternatives several times before they believe they can escape their violent life style (Walker, 1979). Straus (1977-78) and Walker (1977-78) asserted that it is extremely difficult for a battered woman to leave her husband and home without outside help. Both researchers expressed that the battered woman needs expert help to overcome the emotional and motivational deficits produced by the abusive relationship. These women must learn to believe that what they do will affect what happens to them.

In contradiction to the belief that many spouse abuse experts have concerning the generalized learned helplessness of the battered woman, Rounsaville (1978) found that many battered women clients reported that they neither felt nor did they appear helpless in some other areas of their lives. Walker's (1983) most recent research which was completed over a period of three years with 403 battered women found that these abused victims may attribute causality for successful experiences to external and

specific factors and failures to internal and global ones according to Seligman's (1978) reformulation of his learned helplessness theory. These various new results deserve further study.

Self-Concept

Most case studies and literature concerning victims of domestic violence mention the abused wife's low or negative self-concept. Considering how often it is mentioned in the literature, it is remarkable how few studies have been undertaken to assess this important personality variable with battered women. Hartik (1982) is one of the few studies, if not the only published study to date, which actually assessed the self-concept of battered wives with a personality measurement instrument designed to ascertain self-concept (The Tennessee Self-Concept Scale).

Most studies concerning self-concept define the self-concept as a unique set of perceptions, ideas and attitudes that individuals believe about their "self." These beliefs are built upon past experiences and interaction with other people, especially those who are considered significant others. Through interaction with others and through daily experiences, people begin to believe that they are either good or bad, competent or incompetent, and worthy or unworthy (Gergen, 1971; Rappaport, 1977).

Research in this construct indicates that how people perceive their self-concept will influence what actions they choose to take and what they expect from life

(Combs & Snygg, 1959; Fitts, 1972a, Gergen, 1971). There are numerous studies that reveal the self-concept to be a critical and central variable in human behavior and one which can be modified (Fitts, 1970, 1972b; Thompson, 1972). Fitts and Hamner (1969) discovered that new behaviors could be taught to clients but those behaviors were short-lived unless they also modified the person's self-concept. People act in ways that confirm their self-concept beliefs or how they see themselves (Jourard & Landsman, 1980; Rogers, 1951).

It is generally believed that self-concept attitudes form early in life during childhood and become relatively stable through time (Combs & Syngg, 1959; Fitts, 1972a; Yawkey, 1980). However, it has been strongly suggested in the literature that these perceptions can continue to be modified by subsequent experiences, significant others, or traumatic events (Jourard & Landsman, 1980; Raimy, 1971; Roy, 1977; Symonds, 1975). Roehl (1980) discussed the importance of feedback when one is trying to alter one's self-concept. These issues or events are particularly relevant to the battered woman's situation.

There are numerous self-concept theories. Self-concept theories are based upon the idea that there is a relationship between self-perceptions and behavior; the self-concept is a monitoring process (LaBenne & Greene, 1969). Theorists in this area believe the self-concept to be only one of many important personality determinants.

However, as early as 1945, Lecky described the self-concept as the nucleus of the personality (Lecky, 1968). The self-concept seems to play a major role in maintaining an inner consistency and in providing a set of expectancy patterns which may determine how experiences are interpreted by the individual (Combs & Syngg, 1959, Felker, 1974). This process in turn influences new behaviors and events.

Considering the results of the many studies on the self-concept, there seem to be major differences between a person who has a high or positive self-concept and a person who has a low or negative self-concept. Raimy (1971) and Fitts (1970, 1972a) and Fitts and Hamner (1969) discussed the importance of the self-concept in several aspects of human behavior: learning, emotion, motivation, perception, intelligence, self-actualization, and level of assertion. Descriptions by the various mentioned researchers are displayed in Table 2-2 for high self-concept and low self-concept individuals.

Battered women have problems with hostility, anxiety, depression, communication, problem solving and in developing effective coping mechanisms (Claerhont, Elder, & Janis, 1982; Fleming, 1979; Pagelow, 1981a; Walker, 1979, 1983). Research has shown a positive relationship between a negative self-concept and hostility (Coopersmith, 1967; Gergen, 1971), a low self-concept and anxiety and neurotic behavior (Claghorn, 1971; Fitts, 1972b), a negative self-concept and depression (Coopersmith, 1967;

Table 2-2
Characteristics of the Self-Concept

High Self-Concept	Low Self-Concept
Feels capable	Lacks confidence
Sure of abilities	Unsure of abilities
Seeks alternatives	Nonexplorative
Uses learning experiences	Cannot solve problems
Independent	Dependent on others
Creative thinker	Unimaginative
Individualist	Values conformity
Adaptable to new situations	Less flexible
Less rigid	More authoritarian
Confident	Shy
Uses self-analysis	Avoids self-analysis

Krakowski, 1971; Rosenberg, 1962), and a low self-concept and inadequate interpersonal communications.

Hebert (1968) reported a relationship between personal coping style and self-concept. The more negative a person's self-concept, the more difficult it was for that person to cope with a problem. This individual will also maintain a lower expectation of success. Researchers and therapists in the field of spouse abuse repeatedly note that women have been taught and expect to invest their self-concept or self-worth in the achievements and expectations of the men in their lives or in other external sources of evaluation such as whether society and significant others think they are a good wife and mother (Klein, 1976; Pagelow, 1981a; Walker, 1979). Ridington (1977-78) found that the fear of losing this primary source of self-concept, the husband and children, continues to keep a woman trapped in an unsatisfying marriage.

In a review of the research on feminine development, Baruch and Barnett (1979) found that the feminine self-concept continues to remain low when compared to research studies in other decades and that women continue to be highly socialized by the sex-role stereotype that women should be dependent, nurturing, and passive. Their examination of the research revealed that a high degree of this type of socialization was negatively related to autonomy, self-esteem, and adjustment. Bem (1975) found high self-concepts among men and women who were androgynous or masculine. In this study, feminine sex roles were associated

with lower or negative self-concepts. Case studies have revealed that many battered women seem to have highly structured and rigid attitudes concerning traditional roles of men and women; men should hold to masculine traits as traditionally defined and women should maintain the equivalent in feminine characteristics (Fleming, 1979; Martin, 1976; Roy, 1977; Walker, 1979).

A battered woman's dilemma and perceptions are further complicated by her husband's repeated acts of violence. The emotional and physical isolation that is enforced for the battered wife by the husband in these marriages simply reinforces her feelings of helplessness, hopelessness and a poor self-concept. A woman's self-concept may be devastated regardless of its original condition by the constant critical and abusive attitude which the battering husband maintains during Phase One and Phase Two of the violence cycle (Roy, 1977: Walker, 1979).

Hartik (1982) engaged in an important study concerning the personality characteristics and self-concept of battered women versus non-battered women. She administered the Sixteen Personality Factor Questionnaire (16PF) Form A and the Tennessee Self Concept Scale (TSCS) to 30 women who had been battered and 30 women who reported they had never been battered. The battered wives' group revealed significant differences in personality and self-concept characteristics. Battered wives in this study reported lower self-concepts and were generally more

maladjusted and apprehensive. Apprehension on the 16PF is considered to be one of the major factors in anxiety.

In summary, research has shown the self-concept to be an important determinant of human behavior. Experimental studies and clinical studies in psychotherapy and rehabilitation have presented the necessity of intervening to help clients develop a more positive self-concept if they are to learn more efficient coping mechanisms and if they are to change their lives and behaviors. It might be concluded from the research cited that a significant degree of self-love must be developed if one is to lead a mentally healthy, happy, and non-violent life style.

Locus of Control

The locus of control construct is believed by many professionals in the field of psychology and battered women to be an important linking variable between a woman's individual behavior and the social system to which she relates. Levenson (1973) feels that a certain amount of personal means-end connection is necessary for survival and coping in this world. Lefcourt (1966) postulated that those people who feel they have no power to influence their own experiences are not likely to take immediate action to control other stressful events in their lives since they may begin to believe after certain experiences that what they personally do has little if any effect upon what happens to them. Phares (1976) found that when people feel in control of their situation, they are more

likely to use the available resources to deal with threatening conditions. Those who feel that uncontrollable forces determine the successful outcome of their behavior are not likely to try and change the conditions.

Locus of control measures a generalized expectancy. Rotter (1966) described the locus of control construct as follows:

> When a reinforcement is perceived by the subject as following some action of his own but not being entirely contingent upon his action, then, in our culture, it is typically perceived as the result of luck, chance, fate, as under the control of powerful others, or as unpredictable because of the great complexity of the forces surrounding him. When the event is interpreted in this way by an individual, we have labeled this a belief in external control. If a person perceives that the event is contingent upon his own behavior or his own relatively permanent characteristics, we have termed this a belief in internal control. (p. 1)

Rotter discovered that many clients participating in counseling did not show a positive gain or change from their new experiences. They were not able to learn from these experiences unless they perceived that the outcomes were a result of their own actions.

Research supports that a person's locus of control view tends to influence an extensive variety of behaviors. Those people who tend to perceive rewards as internally controlled or as externally controlled are reported to behave differently (Phares, 1973). The reviews on locus of control studies generally reveal that those people who have an internal locus of control perception or those

people who believe that their actions influence what happens to them have more positive, healthy behavior patterns and personality characteristics (Lefcourt, 1981, 1982; Phares, 1976). However, extreme views of either internal or external perceptions of control are often associated with deviant personality types (Rotter, Chance, & Phares, 1972).

The cultural socialization of women in the United States into the feminine stereotype as discussed in a previous section does not help women to have a real sense that they have much control over their own fate. Maccoby and Jacklin (1974) surveyed several studies and found that women are socialized by societal pressure to hold a more external locus of control view than men. Several studies have established that both battered women and their battering husbands feel that the wife cannot control what happens to her. Interviews reveal that a battered woman knows that her husband has periods of time when he feels he must maintain control over her at all costs (Deaux & Emswqiller, 1974; Midgley & Abrams, 1974).

It becomes impossible for her to make a decision on her own because he interferes; he withdraws all her resources; the battering becomes unpredictable; and he encourages her to become totally dependent upon him. A battered wife begins to feel that she is a pawn to be manipulated by her husband and by an uncaring world (Hendricks-Matthews, 1982). Case histories are abundant with

statements of "whatever happens is done to me" (Davidson, 1978).

Research continues to demonstrate that women in our society are not expected to have competent and independent problem-solving behavior. One study which engaged in a major content analysis of children's television programs suggested that autonomy, problem-solving, and appropriate help-seeking were not prevalent behaviors for the female characters (McArthur & Eizen, 1976).

Considering the previous information on learned helplessness, the battered woman's degree of learned helplessness and her sense of who controls what happens to her could certainly affect her behavior in the areas of problem-solving. Lefcourt (1981) reviewed several locus of control studies and found that a severely punishing environment creates a sense of fatalism and the individual may revert to childlike or other regressive behaviors. It is a well documented fact that when prisoners of war such as those in Nazi concentration camps developed a strong sense of personal helplessness and a total lack of control view, apathy, withdrawal and sometimes death followed. It is generally hypothesized by researchers in this field and in the field of victimology that if an individual spends a considerable amount of time in a no-control or unpredictable environment, that person can develop a generalized belief in external control that could extend beyond the specific situation (Lefcourt, 1982; Phares, 1976).

The concept of an internal-external locus of control construct has its foundation in social learning theory. This theory is called social because it focuses upon human beings interacting with each other in order to achieve their primary goals. The learning aspect of this theory is its analysis of how people modify their behavior in order to reach their goals (Rotter, Chance, & Phares, 1972). Social learning theory encompasses two major beliefs in American psychology: stimulus-response theories and cognitive or field theories. Many professionals researching issues with battered women have a background in social learning theory (Pagelow, 1984; Roy, 1977; Walker, 1979). The two basic principles important to social learning theory, the expectancy construct and the meeting of needs or attainment of goals, are encompassed in Rotter's formula (Rotter, Chance, & Phares, 1972):

> Behavior potential is a function of both expectancy and reinforcement value. (p. 16)

The probability of a behavior occurring depends upon the desirability of the goal or reinforcement sought by the behavior plus the individual's expectation that the reinforcement will be realized (Rotter, 1966). Social learning theory focuses upon reinforcements which meet personal needs such as striving for recognition, love, social acceptance and dominance (Rotter, Chance, & Phares, 1972). Certain behaviors of an individual will be repeated because that individual has learned previously that those behaviors lead to rewards in the above areas.

Changes in expectancies are brought about by introducing new experiences that change previous patterns of success and failure (Phares, 1976). Individuals are affected by their own perception of whether the reinforcement is controlled by them or by others; thus, a causal relationship develops between their own behavior and the reward. The social learning theory of personality emphasizes that behavior is learned through the experiences of a person having their biological and psychological needs met by other people.

Bandura (1977) hypothesized that psychological functioning is a continuous reciprocal process between personality, behavior, and environmental determinants. Social learning theory proposes that there are several important determinants of behavior: how a person values the goal or reinforcement, the strength of their expectancy for realizing this goal, the psychological situation, and the personal meaning of a particular situation.

Field theories hypothesize that there are also cues in the person's environment that influence their behavior. Each situation holds cues to which the individual responds with expectancies for the reinforcement of certain behaviors. The meaning which these cues have are based upon the person's past learning history (Rotter, Chance, & Phares, 1972)

Individuals categorize situations according to their past experiences with similar problems and according to the likelihood of reinforcement. This process of

categorizing helps the individual to develop various generalized expectancies related to different situations (Phares, 1976). The generalized expectancy of internal or external control of reinforcement, the belief that what happens to a person is dependent upon the person's behavior or upon outside forces, is an important example of these expectancies (Rotter, 1966).

In addition to these influences upon a person's behavior, the belief in internal or external locus of control may be different in certain situations. Phares (1976) found that even those individuals who usually had a general expectancy of control over their lives could feel in certain situations that they were not able to exercise much control. Several studies have been reported involving chance and skill situations with subjects who had internal and external views of control (Fazio & Hendricks, 1970; James & Rotter, 1958; Phares, 1962; Rotter, Liverant & Crowne, 1961).

Results varied depending upon the conditions and the subject's locus of control perception. An important result of these experiments which applies to spouse abuse and the battered woman's dilemma is that when the subjects perceived that the task was controlled by the experimenter, by chance, or by random conditions, past experiences were relied upon less. Joe (1972) and Lefcourt (1972) found that years of living under conditions where most reinforcement was in the hands of powerful others resulted in an external locus of control.

Several studies have assessed the attributes which internal locus of control individuals have that external believers do not have. It has been suggested by several researchers that internals deal more competently with life because they have these qualities readily available for their use. Knoop (1981) reviewed the locus of control research and found several correlates in the studies which showed a strong association with internal perceptions of control: better education, higher income, more often male than female, higher status, and a more positive self-concept (Gordon, 1977; Lied & Pritchard, 1976). Bledsoe (1979) found a correlation between internal perceptions of control and greater willpower, more imagination, more confidence and greater ego strength.

Rotter (1966) hypothesized that people who have an internal control perception are better adjusted than those with an external view. He does suggest a curvi linear relationship between adjustment and the internal-external dimension. Extremes of either view may have more personality maladjustment. Certain studies have corroborated this hypothesis (Cromwell, Rosenthal, Shakow & Zahn, 1961; Duke & Mullens, 1972; Shybut, 1968) whereas others have found the opposite or an inconsistent relationship between internality and adjustment (Harrow & Ferrante, 1969).

Emphasis in this present review of the literature is placed on those studies and findings which are pertinent to the problems of the battered woman. Levenson

(1974) found in her review of the research that external locus of control perceptions were associated in the studies with high anxiety (Joe, 1971; Lefcourt, 1972), with general fearfulness (Palmer, 1972), and with feelings of insecurity (Himle & Barcy, 1975).

In social learning theory anxiety is viewed as a group of responses which are indicative of a high expectancy for punishment or a low expectancy for success in a valued need area (Phares, 1976). Studies have reported that external locus of control individuals have chronic and debilitating anxiety and internals have facilitative anxiety (Butterfield, 1964; Feather, 1967; Kendall, Finch, & Montgomery, 1976; Lefcourt, 1981). Internals can be anxious but they are more willing to work on their problems and personality inadequacies (Phares, 1976). Therapists have found that extreme externals often learn to devalue important goals as a way of reducing their anxiety over their inability to reach these rewards.

According to social learning theory, there should be a clear relationship between externality and depression. Learning that reinforcement is constantly independent of any voluntary response should result in learned helplessness and depression (Miller & Seligman, 1973; Phares, 1976; Williams & Nickels, 1969). Hiroto (1974) found support for Seligman's theory when he reported a relationship between learned helplessness and an external locus of control view.

Abramowitz (1969) found that externals had more feelings of anger and depression than internals. The relationship was small but statistically significant. Lefcourt (1982) reported other studies in which there was a small but significant correlation between depression and external perceptions as expressed on the Levenson I, P, and C Scales. Internals as measured by the I scale (internal locus of control) of this instrument showed a significant and negative relationship to depression and anxiety.

Seeman and Evans (1962) and Seeman (1963) were among the first to conduct studies relating locus of control to cognitive activity. Hospital patients were tested on their knowledge of information about their disease. Those who held internal views of control had more information and retained this information better than externals. Other studies in this area of cognitive activity found that internals engage in more information-seeking behavior, attend to relevant cues (Crandall & Lacey, 1972; Lefcourt & Wine, 1969), and use this information to overcome their own inadequacies or to solve a problem more often than externals (Ducette & Wolk, 1973; Williams & Stack, 1972). Wolk and Ducette (1971) also reported that internals were superior to externals in finding errors and in incidental learning.

In Seeman's (1963) second study, he found that internals are superior to externals in recall of that information which is most pertinent to the attainment of personal goals. Reformatory inmates in an institutional

setting were given three types of information which varied in its usefulness. Six weeks later they were tested for retention of that information. Those subjects scoring high in internality learned the parole-related materials significantly better than those subjects scoring low in internality. Other studies have shown that internal locus of control subjects are more sensitive than externals to the opportunity for reinforcement (Lefcourt, 1972).

Other pertinent variables for battered women which seem to be associated with an internal locus of control view have been reported in the literature: delay of gratification (Shipe, 1971; Strickland, 1973; Walls & Smith, 1970), task persistence (Altschuler & Kassinove, 1975; Dweck & Reppucci, 1973), and less susceptibility to other's influence or control (Phares, 1976).

It is generally believed that the internal-external locus of control view of an individual will remain relatively stable over time. Therefore, short term treatment may not effect significant changes. Several studies have suggested that the treatment period be of at least seven weeks duration (Dua, 1970; Harrow & Ferrante, 1969) or that a residential treatment approach (Eitzen, 1974) may facilitate significant changes in an individual's locus of control view.

The locus of control construct is constantly being reviewed and studied. Lefcourt's (1982) recent book surveying various new instruments and research studies on this personality characteristic reports much evidence to

support Rotter's postulates that not only does control expectancy influence the immediate task but it can affect the degree to which an individual assimilates and learns from their experiences (Phares, 1976). It has also been suggested that the locus of control construct is not a single entity. Success and failure attributions may be different in different situations for internals and for externals (Lefcourt, 1981).

Phares (1976) expressed the need for more research with minorities whose access to power is limited and who seem to hold more external views of control for realistic reasons (Gatz, Tyler, & Pargament, 1978). Gruen and Ottinger (1969) found that middle-class children are greater in internality than those of the lower socioeconomic classes. Levenson (Lefcourt, 1982) believes that the locus of control construct is multidimensional and that there are two types of external control orientations. She sees a problem with Rotter's locus of control assessment instrument and with others which combine the expectancies of fate, chance and powerful others under one external control category.

In 1976 Phares reviewed the research and summarized the attributes of those individuals who have an external locus of control view by stating that they seem to have very little information that they can use in achieving their goals in relevant areas of vocational, social, sexual or educational interests. They make almost no attempt to find this information and they do not seem to

care much one way or the other. They pay little attention to cues in their environment that would help them to cope more effectively with their problems and the world. Phares hypothesized that external beliefs may emerge because of an individual's need for protection from further failure or other personal inadequacies.

Related studies

In Paul and Fischer's (1980) survey of the literature, they found support for a correlation between an internal locus of control view and a positive self-concept. In this study, high self-concept subjects scored higher than low self-concept subjects on internality and intimacy. Ryckman and Sherman (1973) reported that women and men with high self-concept scores tend to be internally oriented. These variables did not appear to be affected by sex. Another study obtained similar results with all male subjects (Fish & Karabenick, 1971).

Shelter Counseling Program

In the past society has largely ignored the problems of battered women and has not provided support systems for them. Shelter programs are now trying to provide some form of confidential physical safety, temporary economic help and food, emotional support, logical information, and a sense of community. All of these factors are enhanced when the shelter can also provide appropriate counseling interventions (Walker, 1983).

A woman comes into the shelter facility terrified of her mate and of her future. She has had to leave her home and personal belongings. She may also have had to leave their children with her abusive husband until she can obtain legal help. Since a woman is generally identified by her relationship to others, the wife often loses her primary identity when she loses her marriage and partner (Klein, 1976; Ridington, 1977-78).

Battered women need to learn that they can affect their environment and keep themselves and their children safe from violence. They need to learn that they deserve to be treated with consideration. They must learn new methods of communication and that their opinions and needs will be respected. Walker (1977-78) found direct communication to be absent between partners in battering marriages and manipulation is engaged in behind the scene.

Living in an atmosphere of terror and unpredictable, illogical humiliation and physical beatings can create an intense state of confusion for a battered wife. She experiences the world as hostile and may have recurring violent nightmares or fantasies (Hilberman & Munson, 1977-78). Her self-confidence becomes undermined and she usually develops psychosomatic complaints from the tension (Walker, 1979). Her psychological reactions may encompass depression, anxiety, suspiciousness, learned helplessness, guardedness, extreme compliancy and fearfulness; many of which have saved her from being beaten for short periods of time in the past. Learned helplessness blinds

her to possible options. She denies reality and wishes and hopes.

The primary concern when a battered woman enters into a counseling relationship is to help her regain control of her life (Fleming, 1979; NiCarthy, 1982). Control is a necessary factor for the development of identity with these women (Ball & Wyman, 1977-78). Therapy techniques with battered women must be action oriented or problem solving therapy since these clients have a problem-solving deficit (Claerhont, Elder, & Janis, 1982). When a client is genuinely afraid for her life and has no shelter or food, self-actualization therapies are not appropriate at that time (Maslow, 1954).

Dua (1970) found that action program procedures were significantly more effective than reeducation programs in producing change in subjects' locus of control views. Smith (1970) found that those clients entering therapy with an acute life crisis decreased their externality when they learned more effective coping techniques. Other researchers in the field of spouse abuse have found the first step to alleviating the battering is to help the woman raise her self-concept (Roy, 1977).

During the first few days of a woman's stay at the shelter, safety, relative freedom from fear, and others' support are important to her. Shelter residents usually express a sense of relief and peacefulness (Finkelhor, Gelles, Hotaling, & Straus, 1983). They begin to learn to value friendship and understanding from people in the

same situation; they learn they are no longer isolated. This initial introductory experience that others are concerned about her welfare helps to rebuild the battered woman's self-concept. Group therapy teaching assertiveness techniques is especially necessary to this process (Walker, 1979) if the woman intends to stay away from her marital home. Unfortunately, assertive attempts on the victim's part in a violent marriage usually lead to further violence from the abuser if she remains with him.

Counseling must include concrete steps to short-term goals. Shelter counselors perform as information and referral experts and vocational exploration is a valid technique at this point since the woman will have to support herself and her family if she is not able to convince her husband to stop beating her (Fleming, 1979; NiCarthy, 1982).

Shelter counseling programs can provide some of the basic conditions necessary for changes in the self-concept and in the other problem areas previously mentioned. Raimy (1971) stated four of these conditions: (a) a desire to change must be present, (b) the situation must arise in which the client can be free to explore and admit inadequacies safely, (c) the client must have time to organize details and facts honestly about the self, and (d) the client must have the opportunity to test new conceptions. Rappaport (1977) states that there were two necessary elements in the studies he reviewed for the successful treatment of learned helplessness. The subject

learned that it could escape and a system was provided in which escape was possible.

Shelter counselors must be willing to interfere with society and act as the battered woman's advocate with society and its system and institutions. Most of the previously cited literature in the spouse abuse field exhibits by examples that our culture is often indifferent to victims especially when they are part of a marital pair. Bem and Bem (Walker, 1979) arranged an experiment to test whether strangers would assist a woman who was being physically and verbally abused by a man outside on a sidewalk. Passersby at different times saw two men in an argument, two women in an argument, and a man and a woman in an argument. The severity of the verbal and physical activity was the same in all three instances. Strangers intervened with the first two dyads far more often than when the man and woman were arguing. The observers stated that they felt they had no right to interfere in a marital dispute. The courts and other social service agencies often react similarly regardless of the amount of the abuse (Gelles, 1979; Pagelow, 1981a; Straus, 1977-78).

Emphasis is now being placed on shelters to develop successful rehabilitation programs that interrupt the feelings of helplessness and depression and anxiety; programs which help these women to develop higher levels of self-concept and feelings of competence and a more internal locus of control (Finkelhor, Gelles, Hotaling, & Straus, 1983; Pagelow, 1984; Walker, 1979).

Summary

As reviewed in the literature, battered women develop special problems if they remain for any length of time in a physically abusive relationship. The results of extensive physical abuse from a family member is a relatively new research topic, yet it appears to have devastating and often lasting effects upon the psychological functioning and personality characteristics of the abused.

Self-concept and locus of control constructs can be crucial to the personality rehabilitation of a battered woman. She must learn to choose not to remain in a violent situation. Research has demonstrated that having a positive or negative self-concept and an internal or external perception of locus of control has an affect on an individual's behavior. When shelter counseling staff are provided with baseline data concerning the current functioning of their clients, they are in a better position to intervene and to provide facilitation for the development of more positive and effective personality characteristics.

CHAPTER THREE
METHODOLOGY

The purpose of this study was to investigate and identify by case study and other personality measurement instruments the current psychological functioning, the self-concept, and the locus of control constructs of battered women in a spouse abuse shelter and to examine any relationships that these variables might have to each other within this sample. A further purpose was to develop data that could provide baseline information for future research in this area. The procedures that were followed to obtain this information are described in this chapter.

Research Design

The case study format was chosen for this investigation because of the study's exploratory nature and the various problems encountered in the past by other researchers in acquiring subjects who would reveal intimate information concerning their abusive marriages (Pagelow, 1981a; Walker, 1983). Six interviews were used to obtain the case study narratives. A well researched structured interview questionnaire designed specifically for research with battered women was utilized during this process. This method allowed a woman to develop rapport and trust with

the interviewer. She was then be able to answer these intensely personal questions without as much shame and embarrassment as has been encountered in the use of other methods. The interview information is supported with objective data from three personality assessment instruments.

There are few "in-house" studies of battered women in shelter and little is known about their psychological characteristics at the time they enter shelter. Neale and Liebert (1973) commented on the exploratory nature of the case study method and pointed out its value when obtaining detailed information from individuals about their behavior. It is particularly useful when treatment cannot be withheld from a control group as in an experimental design or when it is not possible to find an equivalent control group.

Kazdin (1981) suggested that certain steps be taken to reduce threats to the validity of such a study. This present study included those suggestions which are appropriate. The following factors were added to the traditional case study method: (a) a number of cases are reported instead of only one case, (b) other objective data are included such as a personality inventory (MMPI), a self-concept measure (TSCS), and a locus of control measure (ANS-IE), and (c) a lengthy history was gathered to determine a subject's past experiences with an abusive partner.

Fact gathering taped interviews with subjects followed a structured interview questionnaire which was

developed by Pagelow (1981b) and utilized in her most recent work with battered women. Goldman (1976) called for research that could be replicated and practically meaningful. This study provides detailed interview data plus additional information which has not heretofor been gathered with clients in a shelter program. It is hoped that the results of this study will produce information which can be used in the future to develop more successful counseling interventions and techniques for battered women in shelters.

Research Questions

This investigation answered the following research questions:

1. What is the current psychological functioning of battered women residing in a spouse abuse shelter?
2. What was the nature, extent, and frequency of the spouse abuse that these battered women experienced?
3. What are the self-concept constructs of these battered women residents?
4. What are the locus of control constructs of these battered women residents?
5. Is there a relationship between the battered women's psychological functioning profile as assessed by the MMPI and their self-concept construct?
6. Is there a relationship between the battered women's psychological functioning profile as assessed by the MMPI and their locus of control construct?

7. Is there a relationship between the self-concept and the locus of control constructs of these battered women?

Population and Sample

The subjects were 16 battered women residing in a spouse abuse shelter in a rural and suburban northeast section of Florida. These women were seeking safety in a shelter for the first time from a currently physically abusive home with a conjugal partner. Most residents of this spouse abuse shelter live in those rural counties which border on the shelter's location.

Subjects' ages ranged from 20 to 50 years old. Subjects were all Caucasian. In this area most of the battered women who use the shelter are white. Most Florida shelters report that each resident has two to three children. The subjects had a variety of religious beliefs. These subjects came from families that live in the lower to middle socio-economic classes. Most were legally married to their abuser.

This shelter has an initial screening process or intake which requires that each client be presently battered or escaping from another battering incident before she is eligible for admission to the shelter. The intake form also defines whether this woman has sought shelter previously at any other shelter or at this shelter. All subjects were in shelter for the first time.

Instruments

Three personality measurement instruments were used to enrich the structured interview case study format and to gather additional information. A 12-page structured questionnaire by Mildred Pagelow (1981b) was completed by each subject and used as a guide for the subsequent interviews. The other personality instruments administered were the Minnesota Multiphasic Personality Inventory which was first published in 1943, the Tennessee Self-Concept Scale which was published in 1965 by William H. Fitts, and the Adult Nowicki-Strickland Internal-External Scale which was developed by S. Nowicki and M.P. Duke in 1974.

The structured interview questionnaire (Appendix A) used in this study was devised by Pagelow (1981b) for her research with 450 battered women. The purpose of the interviews in this present study was to (a) to obtain a wide range of demographic information, (b) to obtain detailed information about the women's perceptions of what happened to them and why it happened, and (c) to gather information about how they presently view their own psychological functioning. At the time Pagelow completed her study it was believed that this instrument was one which could be used by other researchers who were beginning to explore these problems.

The questionnaire was pretested and revised twice by Pagelow before the final form was adopted. The 12-page questionnaire is divided into four parts: 1) personal data, 2) data regarding spouse, 3) nature of injuries, and

4) institutional response (Pagelow, 1981b, p. 234). A different color of paper is used for every four pages to make the test seem shorter than it actually is.

Because this crime is a particularly private one, interacting personally with these residents on an individual basis can provide the researcher with more understanding of each victim's feelings, her experiences, and her perceptions of the incidents and the circumstances of her violent marriage.

The Minnesota Multiphasic Personality Inventory (MMPI) is a widely used and well-researched inventory for the assessment of personality characteristics that affect personal and social adjustment (Hathaway & McKinley, 1943). It contains 566 statements to which the subject answers "True," "False," or "Cannot Say." Raw scores are converted to standard scores and a profile is developed. A score greater than 2 standard deviations above the mean is considered to be a significant indicator of a pathological condition. Ten clinical scales and four validating scales can be developed from the subject's answers. There are also supplemental scales.

Adequate reliability and validity information by several researchers has been provided in the Manual in table form. The authors (Hathaway & McKinley, 1940) found test-retest reliability for six of the clinical scales to be between .57 and .83 with 100 normal subjects when tested over intervals of three days to one year. Hathaway and McKinley tested the validity of the scales by

comparing high scores on the scales to the corresponding final clinical diagnosis. High scores predicted positively in more than 60% of the new psychiatric admissions.

Norm groups have been developed for normal adolescents, adults, college students, and elderly adults. The sixth grade reading level is appropriate for this population. The inventory requires 45 to 90 minutes to complete and requires minimal supervision. The MMPI has been used by several researchers in exploring the battered woman syndrome and in attempting to define those characteristics which battered women manifest (Gellen et al., 1984; Rosewater, 1983).

The Tennessee Self-Concept Scale (TSCS) by Fitts (1965) is a well standardized, multidimensional description of a person's self-concept. The Scale is composed of 100 self-descriptive statements evenly balanced between positive and negative statements. There are five response categories for each statement ranging from Completely True (5) to Completely False (1). Scores are obtained in five areas: social, moral-ethical, family, physical, and personal. The instrument yields an overall self-esteem score and quantitative indices of various areas of the self (consistency, defensiveness, and a degree of self-differentiation). Ten items are included from the MMPI lie scale. The instrument is easy to read and requires about 20 minutes to self-administer.

Fitts and fellow researchers have engaged in extensive studies on this scale. Most test-retest reliability

coefficients range from .70 through .80 (Fitts, 1965). Content validity is assured by the classification system used for Raw Scores and Column Scores. Between groups validity has been substantiated (Fitts, 1965).

Wylie (1974) in her review of self-concept testing instruments found the TSCS to have discriminant validity. The TSCS seems applicable for subjects with well adjusted personalities and for those with serious personality problems. In this study the Clinical and Research Form will be used; it provides a better understanding of the personality dynamics than the Counseling Form (Fitts, 1965).

Hartik (1982) found that battered wives reported lower self-concept and more difficulty with basic identity than nonbattered wives when tested with the TSCS. They also seemed to have more difficulty maintaining a minimal self-esteem level than nonbattered wives.

A third assessment scale, the Adult Nowicki-Strickland Internal-External Control Scale (ANS-IE), was administered to each subject (Nowicki & Duke, 1974). Phares (1976) in his review of locus of control measurements noted that most of the instruments which were based on Rotter's locus of control test and theory had little construct validity. An exception to this weakness was the ANS-IE.

The ANS-IE is a 40 yes-no item test which is suitable for adults. It was developed in response to the criticisms of Rotter's I-E Scale. Several studies found evidence that the I-E Scale was contaminated by the effects

of social desirability. The Rotter is difficult to read and may also confound personal, social, political, and ideological causation.

Nowicki and Duke (1974) conducted several studies with more than 766 subjects to test whether they had devised scales which maintained Rotter's scale's strengths while overcoming its weaknesses. The ANS-IE was not related to social desirability as measured by the Marlowe-Crowne Social Desirability Scale when this was investigated with two samples of college students (n=48, r=.10; n=68, r=.06) (Nowicki & Duke, 1974).

Repeated split-half reliabilities ranging from .74 to .86 were found based on several studies. Nowicki and Duke (1974) reported that since the items are not arranged in order of difficulty, this is an underestimation of the true internal consistency reliability. Test-retest reliabilities for college students over a six weeks period were .83 (Nowicki & Duke, 1974) and .65 for a seven week period (Chandler & Patterson, 1976). Mink (1976) found a similar reliability coefficient of .56 for community college students over a one year period.

Several researchers found a significant positive correlation concerning construct validity between the ANS-IE and the well-researched Rotter I-E Scale (Nemec, 1973; Nowicki, 1980; Nowicki & Duke, 1974; Remainis, 1974). Nowicki (1972) found that externals on the ANS-IE had a positive correlation to higher Neuroticism scores on the Eysenck's Scale and to Anxiety scores as measured by

the Taylor Manifest Anxiety Scale. Both the Rotter scale and the ANS-IE have shown a positive correlation between the greater the psychological maladjustment, the more external the subject's orientation.

The reading level for this paper and pencil instrument is fifth grade which makes it appropriate for this population. Scores range from 0-40 with higher scores reflecting greater externality. Norms are available for a wide variety of groups (Nowicki, 1980). This instrument was compared to several other locus of control instruments and was chosen because it seemed reliable, valid, and was easier to read than the others reviewed.

Procedures

Each battered woman resident who was in the shelter for the first time and had stayed four days was asked on the fourth day if she would like to participate in the study. She was reminded that participation was on a volunteer basis and she would not be penalized in any way for not participating. Testing on the fourth day is recommended by shelter workers as an appropriate time period to allow a woman to settle in and to recover from the immediate crisis (Pagelow, 1981a; Walker, 1983). Each participant was given a consent form by the researcher which stated the purpose of the study and that they had the right to withdraw from the study at any time. Each subject was verbally assured of confidentiality. It was important that

all subjects could freely ask questions at any time before or after they completed the interviews.

The initial interview and testing was divided into two 2 hour periods: one period on the first day and one period on the next day. This initial interview and testing process was lengthy and had to be divided. Those women who were in pain and fearful could not attend to cognitive tasks for long periods of time. These two sessions began with a brief instruction statement from the instruments of what was expected.

During the initial meeting the structured interview questionnaire was administered first and the TSCS second; rapport was developed during this time between the researcher and the subject. The researcher also assessed the reading ability of the subject during this initial interview. The structured questionnaire was administered verbally to the subject. All subjects were able to read the materials.

The MMPI and ANS-IE were administered during the second interview. Battered wives are constantly reminded by their husbands that they are crazy (Walker, 1979). Requesting that the resident take a personality instrument like the MMPI upon first meeting could be fear inducing until the subject knows more about the interviewer and trust and rapport is developed.

When the resident had problems reading the measurement instruments due to injuries, the interviewer read the questions to her. Subjects were assured that their

inventory scores were confidential and that if they wished to they could see them at a later date.

Additional interviews covering the four areas of the questionnaire were held with each subject. At least 30 to 90 minutes were concentrated in each area of the structured questionnaire to obtain detailed information from the subject concerning (a) personal data, (b) data regarding her spouse, (c) the nature of her injuries and how they happened, and (d) her feelings about others' responses or community responses to her situation. The questionnaire served as a guide for detailed information in these areas. All interviews were completed by the same researcher to maintain uniformity and to develop rapport and trust with each subject.

Analysis of Data

The data were analyzed for the research questions in the following manner:

1) Individual case studies were reported in narrative form.

2) Raw scores, T scores, and a profile were computed for each subject's responses to the MMPI. T scores were displayed in table form. These scale scores and the resulting profile were examined for scale elevations, for those scales which were elevated together in the profile, and for certain indices such as anxiety states, depressed mood, or phobias, which were present.

3) The nature, extent and frequency of spouse abuse experienced by the subjects was reported.

4) Individual and mean T-scores on the TSCS were computed with special attention to the overall P score. These were displayed in table form.

5) A locus of control score for each subject was compiled from the answers on the ANS-IE and was displayed in table form. The ANS-IE is scored by counting the external answers.

6) A Pearson's r was computed to define significant relationships between the MMPI individual scales and the overall P score on the TSCS for each client.

7) A Pearson's r was computed to define significant relationships between the MMPI individual scales and the locus of control score for each client.

8) A Pearson's r was computed to define the presence of a significant relationship between the overall TSCS score and the locus of control score for each client.

9) Individual demographic data from the structured interviews was drawn up in table form.

When appropriate t-tests were used to test the significance of the relationships at the .05 level.

Limitations

There are various discussions in the psychological research community regarding when it is appropriate to use the case study format. Considering the newness of research

with battered women and the problems intrinsic to wife beating in our society, the case study seems to be an appropriate choice. In the past victims of spouse abuse did not willingly divulge intimate information concerning physical abuse from their marital partner. They were ashamed or embarrassed or often threatened by their husbands if they told anyone. It is easier to develop the necessary rapport needed to elicit this information if the case study method and multiple interviews are used.

There are several limitations in this study. It is not possible to withhold treatment from a control group of women who want to enter a shelter. It is therefore not possible to compare other groups of battered women to these women who are seeking help to stop the beatings and who choose to come into a shelter. The characteristics of women who come into a shelter and ask for help in this manner may be quite different than those battered women who do not ask for help or those who solve their problems in other ways, i.e., murder, suicide, leaving the first time it happens.

Those women who agreed to volunteer for this study may also be different than other shelter residents and other battered women. However, no women residents who stayed four days refused to participate in this study. Findings also cannot be generalized to all battered women in the community for this is an unknown population at this time.

Any correlations between variables should not have a causal interpretation. Another limitation often mentioned when self-report data are gathered concerns the reliability of such data. Researchers in spouse abuse have become well aware that the women remember minute details of their beatings and what their abuser said while he was battering her. However, it should be noted that the male batterer does not always have such vivid recall. The battered woman also remembers how she felt during the episodes (Pagelow, 1981a; Walker, 1979). Therefore her self-reported information should be considered to be fairly accurate.

There were checks for reliability of the information to compensate for the limitations. Shelters screen their residents prior to admission. All of the subjects should have actually experienced physical assault and battery. Cross checks were also available concerning the demographic information by comparing the initial shelter intake form information to the structured interview information. Older children were willing to verify their mothers' perceptions of what happened to them.

CHAPTER FOUR
RESULTS AND DISCUSSION

Results of the Study

The results of this study are organized as follows: the individual case study of each subject interviewed is presented first. That individual's MMPI, TSCS, and ANS-IE scores and results are discussed after the case narrative. A summary of the data for each subject is then presented. A discussion of the results follows this information.

When the study began, the first 16 women residents to stay for a period of four days in this spouse abuse shelter were asked if they would participate. All 16 agreed. Ten other women were residents during that time but they left before they had been in shelter for four days. Names and minor facts have been changed in each case study narrative to protect the identity of the subjects.

There were several common themes which were present in all of the subjects' descriptions of their relationships with their batterers. These commonalities are addressed following the Individual and Group Data in the Discussion of Results section.

Individual Case Studies

Case 1. Anne is a likeable, overweight 38 year old married woman. She was the youngest of two children born to her parents only marriage. Her father died when Anne was in her late twenties. There was constant psychological abuse and arguing between her parents. This never erupted into physical violence. Both parents would occasionally spank the children with their hand or a paddle. Her sister often verbally bullied her and Anne describes her childhood home as troubled and argumentive. She currently gets along well with her mother and her mother seems supportive.

Anne graduated from high school and began a nursing course at the local community college. She worked part time as a beautician to support her academic endeavors. She secured a job as a bank teller and did not finish the nursing course. She did not actively date during this time and lived at home with her mother until she married at age 32.

Anne's childhood religion was Protestant and her parents occasionally took the children to Sunday School. She currently regards herself as somewhat religious but does not attend church services. She has consulted clergy concerning her marital problems.

Anne is in excellent health but is concerned about her weight. She obtained a prescription for tranquilizers when her husband began abusing her the last two years of their marriage. She considers herself a light social

drinker and has never used illegal drugs. She stopped taking tranquilizers recently when she discovered that she was pregnant with their second child.

Anne's husband is a 50 year old unemployed electrician who is very overweight for his height. He has been married eight times. Anne believes that his other marriages ended in divorce because of his drinking and because he was physically abusive to these wives. He has three children by a former marriage; however, Anne has never seen them. She believes that he has other children. He and Anne have been married for six years.

When they were dating he told her that his father was very abusive to him when he was a child. He was the middle child of seven brothers and sisters. His father would break up furniture, beat his mother, and use his fists on all the children when they were very young.

Anne's husband has a history of driving while intoxicated, resisting arrest, and assaulting police officers. He is currently on probation. He also has been arrested for torturing animals. He is now in counseling with a court appointed psychiatrist and is taking an antidepressant.

Anne's husband was verbally abusive after their first year of marriage and began calling her names, told her she was stupid and ugly, and not capable of taking care of herself. The second year of their marriage he broke the bedroom furniture into pieces and she threatened a divorce. He controlled his physical outbursts for

several months. As they continued to live together, he became extremely jealous of her activities around other men and would not let her work because he thought she wanted to work to be around other men. Anne has remained monogamous throughout the marriage.

Anne's husband was not physically abusive towards her until she was pregnant with their first child, who is now two and a half years old. Anne is once again pregnant and the physical beatings have become more severe. During the last six months that they lived together he beat her more often and began hitting her with a lead pipe. During this time period he attacked Anne's mother and sister when they tried to talk with him about his treatment of Anne. Both required emergency room treatment for cracked ribs and a broken nose.

Anne called the police during this battering and he was arrested. He was released on bond and at that time he threatened to steal their son and to make sure that she would never see him again if she did not drop the charges. Anne dropped the charges.

Anne considered suicide several times during the last year. She became further humiliated when he demanded sex after a beating and then forced her. During the early years of their marriage their sex life had been more than satisfactory and she described it as the only time they were close.

As the abuse increased Anne tried to appease her husband by making special efforts to keep the house clean,

to keep the baby quiet, to be available whenever he wanted something, and she would not talk with him unless he spoke to her first. When these appeasements did not work, she began to fight back physically. This increased the severity of the attacks and she was battered more violently. She went to the hospital emergency room for treatment only once and lied about how she received her injuries. Each time he would beg her forgiveness and she would hope that he could change.

During another battering episode, she left the house and tried to run her husband down with her car when he followed her. She finally escaped and called the spouse abuse shelter. Anne's relatives, friends and clergy have all supported her in this move. Anne stated several times in her interviews that she felt depressed, confused and "crazy" when she was living with her husband. After the incident with the lead pipe, her fear turned to hatred and revenge. She also was surprised that she had tried to run him over with the car and decided that she needed to leave or she would kill him.

In the shelter environment Anne was quiet and fearful during the first few weeks. She gave excuses for her husband's behavior and said that it was mostly her fault that he had hit her. She was very interested in the group therapy sessions and began to actively participate. She also asked to help in the spouse abuse center office and was competent at handling crisis calls from other battered women. During her last few weeks in the shelter she

refused to talk with her husband and stated that she did not want to put herself and her family through his abuse again.

Shelter staff reported that she was receptive to change and would reexamine herself and what happened in her marriage. She would act on positive suggestions and try to use common sense instead of her feelings when making decisions about herself and the children and their future. She is an effective parent and uses verbal discipline. Her child is well behaved and cooperative. She plans to live on welfare and food stamps until the baby is born. Then she wants to find a job. Her mother and sister have remained supportive and plan to help her with child care.

MMPI. Anne's scores on the MMPI (see Appendix C, Table C-1) indicated a normal psychological profile. She is energetic, neither especially introverted nor extroverted, and she is optimistic not depressed. She may evidence some situational distrust of others but she is not paranoid. She views herself as physically healthy.

TSCS. Anne's scores on the TSCS (see Appendix C, Table C-2) indicated an average self-esteem with more positive views in Self-Satisfaction (Row 2), Moral-Ethical Self (Column B), and Personal Self (Column C). Her scores were well below the norm mean in Family Self (Column D).

ANS-IE. Anne chose 15 external answers from a possible 40 on the ANS-IE. This score indicated a very

external locus of control perception (see Appendix C, Table C-3).

Case 2. Betty is a shy, slender 20 year old married woman who was the youngest of four children born to her mother's first marriage. Her father and mother were divorced when she was nine years old and her mother remarried immediately. She liked her new stepfather and describes her childhood home as peaceful and loving. She does remember seeing her mother throw objects at her natural father on several occasions but this did not continue after her mother remarried. She and the other children were occasionally spanked. She currently gets along well with her childhood family members.

Betty quit high school during her second year and moved in with her boyfriend when she was 13. She became pregnant by him at 15 and they married. During the early months of her marriage, she worked in an iron foundry. She quit because her husband didn't want her to work after they were married.

Betty considers herself somewhat religious and was raised by Baptist parents. When she began having problems early in her marriage, she consulted with a church counselor.

Betty has average health but complains about headaches and backaches. She takes no medication and has not consulted a physician. She was ashamed and did not seek treatment for the cuts, bruises, and twisted muscles she received from her husband. She occasionally drinks wine

but she does not take prescription or illicit drugs although they are available to her from her husband.

Betty's husband is a tall, muscular 30 year old unemployed carpenter. He was the second youngest in a family of eight children. His parents were divorced before he was 16 and his father died the next year. His father beat his mother and all the children. The brothers and sisters also constantly fought with each other. This is his first marriage. Betty is aware that he has battered other girlfriends and has had children with these women. Although his family of origin was not religious, he now frequently attends church and considers himself a good Baptist.

He has a history of heart problems but he continues to take "pills," speed and alcohol. He is a heavy drinker and has served a one year jail sentence for assaulting another man when he was drunk. Betty stayed with her father during her husband's jail sentence.

The first battering took place after three months of marriage. He blackened her eye, threatened to shoot her, and beat her with his fists. They have three young children under the age of four. He beat her during each pregnancy.

Betty stated that the beatings were becoming more violent and there seemed to be no reason for them. She would try to quietly talk with him to calm him. She blamed herself until she discovered that there was nothing she could do to appease him. After long hours of arguing she

would talk back to him "so he would hit me and get it over with."

He would come home drunk and physically drag her out of bed and demand that she fix dinner for him at 3 or 4 A.M. He would then look throughout the house to find something out of place to blame on her inadequate housekeeping. Their arguments concerned money, his drinking, their parents, and his jealousy.

Betty's husband has beat her in front of the children and in front of other people. By 1983 she had called the police three times. Each time she told the police that she didn't want him to go to jail; she just wanted him to stop beating her and to stay away from her. Betty felt that if she put him in jail, he would come back and kill her.

Betty left her husband 12 times. Each time her family members were supportive and gave her and the children housing. Each time he found her and begged her forgiveness and promised to never hit her again. The last few times she left, he found her and physically dragged her back to their house. She eventually threatened him with a gun and began fighting back using objects in the house as weapons. When she fought back, her injuries were more severe.

She seriously considered suicide after an episode of leaving and having him physically drag her back from her mother's home. Betty continues to feel powerless to

change the situation and thinks that he will soon find her in the shelter.

Betty states that she and her husband enjoyed a loving and satisfying sex life during their dating relationship. He would talk with her during those times and reveal his feelings about his life. However, she knows very little about his past. She has heard from others that he has been in trouble with the police. He does not talk at length about his parents or his childhood except to say that it was violent and his father beat him severely.

She also does not know where he obtains money since he usually does not work. He has had temporary jobs as a carpenter or cook. She has to beg him for money to feed the children.

Betty asked for help from a church pastor and a local social worker at the health department after a serious beating. Both asked her to call the shelter and helped her to move her children and their belongings.

Betty remains passive and has a difficult time making decisions. She is waiting for him to find her. She anxiously wants the other women in the shelter to like her and she will not express anger toward them when they have taken advantage of her. She continues to tell the shelter staff that she "needs" her children more than other mothers do.

MMPI. Betty's scores (see Table C-1) were elevated on four scales (Pd, Pa, Sc, and Ma). Betty's MMPI profile indicated she is passive and submissive and may

try to emulate the passive female stereotype. She could be expected to be passive-aggressive in relationships with men and may have unsuccessful interpersonal relationship with men as a result of these tendencies. During the time of this testing she is excessively suspicious, maybe even paranoid. Some of her life experiences may have varied from the conventional realm. Her ideas may become irrational when she is upset. Although she is not prone to bizarre or psychotic behavior, she has very little self-confidence and unusually low ego strength. She is not a good candidate for psychotherapy.

TSCS. Betty's scores on the TSCS (see Table C-2) were all below the mean. Her profile indicated very low self-esteem and a negative self-image except in Personal Self (Column C). There were indications that she is guarded and defensive. Her scores on the Empirical Scales were elevated in General Maladjustment (GM) and Neurosis (N).

ANS-IE. Betty chose 21 external answers on the ANS-IE from a possible 40 (see Table C-3). This score indicated an extremely high external locus of control perception.

Case 3. Carol is an attractive, well-dressed 30 year old woman who was the youngest of two children born to her mother and father's only marriage. Carol did not remember any physical violence between her parents but she states that her mother and father did not love each other. Both of the children were punished with moderate

spankings. Her father recently died and Carol felt at the time that there was no longer any reason for her to live.

Carol describes her childhood home as secure. Her parents were well respected in the community, owned a large business, and lived comfortably. The children were always bought all the toys and clothes that they wanted. Carol was "Daddy's little girl" and was favored over her sister by her father. She never got along well with her mother and says she would intentionally try to cause trouble for her mother. She states that her mother was always critical of her and never supportive. It is interesting to note that during the last battering she received from her husband, her mother held her down and said she deserved the beating. Her mother also called shelter staff to tell them that her daughter deserved to be disciplined.

Carol graduated from high school and received additional training as an executive secretary. She married a year after she graduated from high school. She has two children under 10 years of age from this first marriage. She states that this husband and an older female cousin tried to have her institutionalized for drug addiction. This marriage ended in divorce after the second child was born.

Carol was raised in a Baptist family and still considers herself religious. She says she would like her children to be raised in a religious family atmosphere. Carol is in good health but must watch her diet and drinking since she is a diabetic. She used drugs heavily during her

first marriage but states she is not using drugs now. However, shelter staff reports that her current friends are known drug dealers and users.

Carol's husband is a 33 year old business owner who was married previously for seven years. He has two children from that marriage. Carol does not know if he was physically abusive towards his previous wife. He was the middle child of five brothers and sisters and his parents are still married. Carol knows very little about his parents or his childhood.

Carol does not readily reveal information about her husband except to say that she does not love him and married him for his money. They have been married four years and have one three year old child. When talking about her husband, she often states that no one will ever replace her father.

Carol's husband was not physically abusive towards her when they were dating. He would become upset with her behavior because he thought she drank and flirted too much. He began slapping and choking her a few months after they were married. Each time he promised her he would not do it again. The third year of their marriage he had an affair with another woman. Carol left him for three days and he asked for her forgiveness. She returned to the marital home. This year she had an affair with another man and he beat her when he found out.

There were long verbal arguments before each attack. These arguments were about his jealousy or her

behavior. She would try to walk away and not argue with him. Carol states that he was not drunk or high any time that he beat her. The batterings began to increase in number and in violence as she refused to stop seeing the other man.

In the past year they have both threatened each other with a gun. Carol began to fight back. The batterings have taken place in front of the children (her two children from a previous marriage and their younger son). She slapped him prior to the last beating and threatened him with a gun because he would not let her leave the house. He began hitting her and her mother held her down for him when she tried to get away. She received a sprained arm, a swollen ankle, a black eye, a split lip, broken teeth, and bruises on her head and body. Following this beating he called the spouse abuse center office and told the shelter counselors that he had to control her and had the right to punish her.

Carol had all three children with her in shelter. She was a good mother and would help the other women with parenting skills when she was there. Staff was warned by several attorneys that her husband would buy the best legal advice and try to prove she was an unfit mother and a drug addict. A temporary custody hearing was held and he received custody of all the children. Carol was upset and hysterical when she had to let the children go with him. Her mother has moved in with her husband to provide child care. Her mother has also told the staff that Carol should

stay with her husband since he is wealthy and can afford to take care of her (the mother), Carol, and all the children.

Carol does not readily reveal personal information. She admits that she is impulsive and very much in love with another man. She does not plan to stop seeing him no matter what her husband does to her. She tries to portray herself as a person who does not become upset easily, can handle things, and always goes by all the rules. She is cheerful but secretive around the other women residents. She usually leaves the shelter during the day and returns late at night. She is afraid that her husband will "set her up" because she knows things about him that would "get him in trouble."

She is seeking a job and plans to obtain a divorce. Her most evident emotion is the hatred she has for her mother and the love she has for her children. Her husband continues to call her and promises that he will not beat her again. However, he also states that he still has the right to punish her if she is a "bad woman" and he does not intend to give up that right.

MMPI. Carol's MMPI scores (see Table C-1) are elevated on three scales (Pd, Pa, and Ma). Her profile is indicative of a strong denial of feelings and she is probably concealing depression. She can be very emotional at times in a histrionic fashion. She views herself as highly energetic and extroverted. In reality she is passive and submissive. She may use her sexuality in an attempt to

manipulate men she knows. Despite her pleasant, outward exterior and friendly relationships toward people, she's not a trusting person and there's much anxiety beneath her seemingly calm exterior.

TSCS. Carol's scores on the TSCS (see Table C-2) were variable around the norm mean. Her scores indicated a moderately low self-esteem with high scores above the norm mean on Self-Satisfaction (Row 2) and Personal Self (Column C), and very low scores below the norm mean on Identity (Row 1) and Family Self (Column D).

ANS-IE. Carol chose nine external answers on the ANS-IE from a possible score of 40 (see Table C-3). This score indicated an average internal locus of control perception.

Case 4. Dotty is a loud, aggressive 25 year old woman who was the eldest of six brothers and sisters. Her mother is still married to her father but she has not seen him in 22 years. He left the family when Dotty was three. The day he left, she watched him severely beat her mother. Her mother has lived in a conjugal-type relationship with several men since that time and has had several children by these different men. She describes her childhood home-life as very violent.

All of the brothers and sisters were beaten by the various stepfather figures. One stepfather would make them kneel in rice for several hours as a punishment. She was sexually molested by two of her stepfathers.

At the age of 11 she was raped by one assailant as she walked home from school. He cut both of her inner thighs with a knife and said he was going to teach her she was worthless. She participated as a witness against him in his trial but was harassed, followed, and threatened by his family members for several months after he was sentenced to prison. Her mother then placed her in a state foster home because she did not want her. During her stay at the foster home, she was raped in the bathroom by a group of girls.

She managed to finish her GED and attended two years of college. She quit college when she was in a motorcycle accident and was not able to attend classes that semester. She has worked as a machine operator and as a counselor in a teen program. She has been married three times: once for four days, once for eight months, and this present marriage of five years.

Dotty's childhood home was Catholic and the children were forced to attend services. The mother and various stepfathers did not attend church. She currently considers herself as not at all religious.

Dotty describes her health as average although she has asthma and an ulcer. She is currently taking prescribed medications for these conditions. She also has a serious drinking problem which she is trying to control. She is working with the alcohol counselors at the local mental health center. Dotty drank heavily the first two weeks in shelter. She has recently quit drinking.

Dotty considered suicide once when she was in the state foster home. This followed the group rape. A friend broke in the bathroom door and took the razor away from her. Dotty felt that she had to leave her present husband or she would again feel suicidal.

Dotty's husband is a 35 year old mechanic who was the eldest of six children. His parents are still married to each other. His parents would argue constantly but there was no physical violence between them. All five boys were beaten by both parents every week. The one sister was not spanked or beaten and was the parents' favorite child. The brothers often fought physically with each other.

Dotty's husband has a history of abuse of speed and marijuana but not alcohol. He will hit her when he has been using drugs and alcohol and when he has not been using them. He has been involved in several fights with other people and likes to shoot animals. He had an erratic military record and was discharged for bad conduct. He has been arrested for DUI, resisting arrest, and assaulting a police officer in this state. There have been assault charges and convictions in three other states.

Dotty met her husband when she was 16. Earlier in that year she was married to someone else. The first marriage ended in divorce and she began dating her present husband. While they were dating, he would argue vehemently with her and slap her. She became scared and remained quiet whenever he would argue. She lived with him for a

few years and would not marry him. Each time he would ask, she would give an excuse to delay the decision. She became angry with his behavior after a few years, left him, and married another man for eight months. She obtained a divorce and moved back in with her present husband. She became pregnant with his child and they finally married in 1980.

Dotty and her husband have two children who are two and five years old. Her husband became extremely jealous after the first child was born and accused her of seeing other men. He was also jealous of the attention she gave to the baby. There were three major attacks after the birth of their second child. He would begin by accusing her of being a "rotten wife and mother." She would ask for a separation and he would beat her. During the most recent attack he blackened her eyes, knocked out her front teeth, dislocated her jaw, fractured her cheek bone, and threatened to kill her. He then took her to the hospital emergency room for treatment.

The youngest child, a two year old girl, has been battered by him on several occasions. The child abuse authorities were called and investigated. He stated during these beatings that he never wanted a girl; he only wanted boy children.

Dotty describes their sex life as strange. During the past two years as the arguments have become more violent, he has demanded that she let him stick foreign objects into her body and then have intercourse with the

objects still inserted. If she would not cooperate, he would tie her up, hold her down, or hit her.

Dotty had her husband arrested and is participating in prosecution. When they discuss child visitation on the telephone, he continues to threaten her and says that he will kill her, or take their son and disappear. He has told his lawyer and several others that he will "blow her away." He has also recently purchased a gun.

Dotty is often hostile, takes offense easily, and says that she is aggressive to others before they have a chance to hurt her. She stated during the interviews that she didn't know the treatment she received from her husband was bad until she thought he would kill her. She believed that all relationships between men and women were this way.

Dotty's children have numerous behavior problems. The youngest girl constantly whines, screams, cries, scratches, and bites. Dotty's son hits her when he wants something. She has been attending parenting skills classes since she came into the shelter and states that she enjoys them.

MMPI. Dotty's MMPI scores (see Table C-1) indicated an essentially normal psychological profile of a somewhat introverted woman. She may experience some feelings of depression or physical somatic symptomotology. This does not appear to be excessive and probably does not incapacitate her on a psychological level.

TSCS. Dotty's scores on the TSCS (see Table C-2) indicated a very low self-esteem and a poor self-image in all areas. Her highest score, Self-Satisfaction (Row 2), was also below the norm mean. There was evidence in the profile to indicate that she is defensive and guarded. Dotty's scores were elevated on the Empirical Scales in the areas of General Maladjustment (GM) and were well above the mean on the Personality Disorder (PD) and Neurosis (N).

ANS-IE. Dotty chose 17 external answers on the ANS-IE from a possible of 40 (see Table C-3). This score indicated a very high external locus of control perception.

Case 5. Eve is a quiet, downcast, sad but pretty 29 year old married woman. She was the second of two children by her mother and father's first and only marriage. There was no physical violence between her parents. However, she remembers that her mother was always pacifying her father and agreed with everything that he said or did. Eve has vivid memories of being locked in her closet for long periods of time. Her mother would hold her down while her father beat her with a belt and a belt buckle. Her sister was not physically disciplined and was considered the "good" child in the family. Eve says she always felt like an "outsider" when she was living with her parents and sister.

Eve graduated from high school and worked as a secretary. She was married for a few years to a man who

was good to her but he died. She has dated several men and led an active social life prior to this present marriage.

She was raised in the Methodist church, but she considers herself as antireligion at this time. During her childhood the family attended services on a weekly basis. Eve refuses to attend church now and refuses to talk with her family minister.

Eve describes her health as average. She does have high blood pressure and gastrointestinal problems. She drinks alcohol and frequently smokes marijuana. She has considered suicide on several occasions but only made one actual attempt. A friend found her in the bathroom, broke down the door and took the razor away from her.

Eve's husband is a 25 year old American Indian who is employed as a plant supervisor. He was raised with 15 brothers and sisters in a physically violent home. His mother and father both died when he was a 10 and he lived in foster care with a Jesuit priest. He stayed with the priest until he was 13. At that time he worked on various ranches and farms as a hired hand. He completed high school and received special training as a machinist. He is presently employed and has had the same job for three years. He considers himself not at all religious.

Eve and her husband have two children, ages one and four. This is his first marriage. He is a good father and seems to love the children. He does not physically abuse them.

Eve's husband has been drinking since he was a young child. He also uses several other kinds of street drugs. He has a juvenile delinquent history but he has not been in trouble with the authorities since he became an adult. He will always beat her when he is drinking. However, recently he began beating Eve when he had not used either drugs or alcohol.

Eve's husband first beat her when they were dating. She married him a year later. During their marriage of five years he has slapped her, shoved her, thrown her or beat her on a monthly basis. He will beat her in the presence of other people. If they interfere, he also batters them. Each time she became pregnant the violence increased.

He would often tell her that it aggravated him when she was quiet and withdrawn. He also would beat her if she "talked back" to him. His favorite harassment was to call her what her father called her: "old, fat, dumb, and ugly." One of the times that he attacked her in a public place, a customer asked him to quit. He would not quit and the customer beat him up. When they went home, Eve's husband beat her and threatened her with a knife for asking for help.

Eve received no medical treatment and did not call the police. Her injuries over the years have included black eyes, a broken nose, sprained wrists, and a sore throat and choke bruises on her neck. Her parents were not

supportive and told her that her husband was beating her because she was doing something wrong.

Eve tried various methods of appeasement. She would keep the children quiet, not talk with her husband unless he started the conversation, clean the house, and have dinner ready when he came home. He then beat her for being too quiet. She finally gave up, stayed in the house, tried to hide her bruises, and felt that she was only living for the children's sake. She expressed much shame for not being a good wife and mother and believed that she deserved the punishment. She began to be sure that nothing she did would satisfy her husband, so she didn't do anything except care for the children.

As she became more and more depressed, her friends and parents saw less and less of her. They convinced her to come to the shelter for help after he threatened her with a knife. Her mother's attitude was that she knew the director of the shelter and "that woman would straighten Eve out and show her the error of her ways." Her parents still wanted her to remain in the marriage.

In the shelter environment Eve was quiet, very passive, and could not make a decision. She would not accept positive suggestions in group and said it was all hopeless. Her communication skills were limited and she was not able to follow a logical thought pattern. She was not able to see behavior and consequences. She continued to take excellent care of her children.

As she remained in the shelter environment, she became more talkative. She would not react when other women would use her or take advantage of her. She simply expected this kind of treatment. She has not continued to see her husband.

MMPI. Eve's MMPI scores (see Table C-1) were elevated on six scales (D, Pd, Pa, Pt, Sc, and Si). This profile indicated that Eve could harm herself if her degree of depression remains as high as it is presently. Her somewhat submissive nature precludes this action to some extent. If her anxiety level becomes higher she may begin some bizarre ideation. She could kill herself. Her low ego strength indicates that she is not a good candidate for individual psychotherapy.

TSCS. Eve's scores on the TSCS (see Table C-2) indicated an extremely low self-esteem and negative self-image in all areas. Her scores on Defensive Positive (DP) indicated that she is lacking in the usual defenses to even maintain minimal self-esteem. Her scores on the Empirical Scales were well above the norm on the General Maladjustment (GM), the Psychosis (PSY), the Personality Disorder (PD), and the Neurosis (N) scales. Eve had an extremely low score on Personality Integration (PI).

ANS-IE. Eve chose 27 external answers on the ANS-IE out of a possible 40 (see Table C-3). This score indicated an extremely high external locus of control perception.

Case 6. Fran is a disheveled, frantic 20 year old married woman. She leaves an initial impression of being wild-eyed and confused. She is very overweight for her height. She was the eldest of four children born to her mother and several husbands. She does not remember her natural father. Her mother has been married seven times and was severely beaten by each husband. Her mother beat her and the other children weekly, and left welts, marks, and cuts. She describes her childhood home as turbulent and violent. She becomes uncomfortable and agitated discussing those memories and refuses to go into detail.

Fran did admit during subsequent interviews that she had been sexually molested by one of her stepfathers. The abuse took place over a period of years and it involved full intercourse. She has never told her mother or anyone else about this abuse.

Fran graduated from high school and moved in with a boyfriend. When her boyfriend began slapping and hitting her she moved back in with her mother. She then began dating her present husband.

Fran's various parent figures were Protestant and usually attended weekly church services with the children. She now considers herself deeply religious and she and her husband have become Seventh Day Adventists.

Fran considers herself in good health but is worried about her obesity and the daily muscle spasms which she experiences in her legs. She has not had the money to consult a physician and does not take drugs, prescribed or

illegal. She also states that she does not drink alcoholic beverages.

Fran's husband is 21 years old and unemployed. This is also his first marriage. They have one child who is one year old. When they were dating he did not hit her but he often throw things at his mother and hit her. He is the only child born to his parents first marriage. They are now divorced. There was evidently no physical violence between his parents; however, he has had fist fights with both his mother and his father. Fran states that whenever he wants his way in an argument with his mother, he shoves and pushes her and gets his way.

Fran's husband has a history of excessive drug and alcohol use. He was charged with trespassing when he walked into a young girl's room while she was undressing. He did not have a relationship with this girl. He has received injuries from several car and motorcycle accidents. She feels that he has been damaged by past intense drug use and his mood changes and irritability are a result.

Fran and her husband have had heated discussions since they met. She became pregnant a few months after they married and he began to slap her. Their arguments concern money, her housekeeping, and his jealousy. She threatened to divorce him when she could not handle the constant arguing and he beat her. He also threatened to take the baby away from her and never let her see her if she ever left him.

During the last six months she was severely attacked and beaten in front of other people. He would beat her when he was high or drunk. During the last episode he chipped her teeth and beat her with a stick. After an hour of abuse she escaped and called the shelter.

Fran began to seriously consider suicide and called the mental health center during the first six months of their marriage. She stated that she felt worthless, depressed, couldn't do anything right, and couldn't please her husband. She repeated during the interviews that this was not the way marriage should be.

Fran tried to defend herself as the batterings became more violent but she was not able to "stand up to him" because she was smaller than he was. When she fought back he became more angry and he hurt her worse. When Fran would seek help from her mother, her mother would tell her "that is just the way men are."

Fran was at the shelter for two weeks. During the first week she participated verbally in group but would say that no one else's situation was similar to hers. She said she was a "statistic breaker" stating that she knew her husband would stop beating her and he had found God. All the shelter counselors found her difficult to communicate with since her attention would wander away from any problem they were trying to help her solve. She was depressed and maintained a flat emotional affect. She would only become animated when she was talking about her baby.

She would sit in the corner of the living room and play with dolls when the baby was sleeping.

During her second week at the shelter she met her husband for lunch. He grabbed their child and left. Fran went home to retrieve her child but he would not give the baby back to her. She told him she would stay and wanted to lay down to rest. She locked herself in the closet and hung herself. Several minutes later her brother found her and cut her down. He called an ambulance and she entered the crisis stabilization unit at the mental health center. The nurses knew her from previous admissions. Fran continues to want her child back and to reenter the shelter.

MMPI. Fran's MMPI scores (see Table C-1) indicated a normal psychological profile. Her scores on the validity scales indicated a valid profile. Considering her history of suicidal attempts, her real feelings, and thoughts were well concealed. She is a relatively submissive female.

TSCS. Fran's scores on the TSCS (see Table C-2) indicated below average self-esteem. Her scores were extremely low on Behavior (Row 3). All other areas were below the norm mean except for Self-Satisfaction (Row 2), Moral-Ethical (Column B), and Social Self (Column E). Moral-Ethical was the highest score. Fran's scores on the Empirical Scales were elevated in General Maladjustment (GM) and Neurosis (N).

ANS-IE. Fran chose 20 external answers from a possible 40 on the ANS-IE (see Table C-3). This score

indicated an extremely high external locus of control perception.

Case 7. Ginny is a pleasant, attractive, quiet spoken 21 year old married woman. She was the eldest of two children born to her mother and father's only marriage. There was no physical violence between them and the children were verbally disciplined. Ginny describes her childhood home as loving and she gets along well with her sister.

Ginny became pregnant in her first serious relationship at the age of 14. She had the baby and stayed in her parents home. She quit school during her junior year of high school but did not work until last year.

She developed a relationship with another man and moved in with him. However, he used her parents for money, began to be abusive towards her and her child, and they argued constantly. He left when she asked him to move. She stated during her interviews that this is the man that she still loves.

Ginny's health is good but she worries about her overuse of drugs. Although she is pretty, she feels that her body is inferior to others since she has port wine birthmarks from her waist to her ankles on both legs. She usually covers these with clothing.

Ginny was raised in the Catholic religion and still considers herself a Catholic. Her husband is Baptist and does not approve of the Catholic religion. She does not presently attend services.

Ginny's husband is a 25 year old unemployed salesman. He was the eldest child in a family of eight children. He has told Ginny very little about his childhood and his parents. He did tell her that his father beat his mother "to keep her in line" and that his father beat him weekly with a razor strap.

Ginny's husband was a drug addict for several years from his teens into adulthood. He stopped using drugs a few years ago and now he is an alcoholic. During his drinking bouts he kicks the neighborhood animals, shoots at his dog, and beats Ginny.

Ginny's husband was physically abusive towards her prior to their marriage. She stated that during that time she was lonely and thankful for any attention. She had argued with the man she really loved and he left her for another woman. She was grateful to have a new boyfriend so she was quiet about the abuse.

She became pregnant by him and they decided to get married. They have been married for two years and have two children. Ginny lived with him for two years prior to the marriage. The beatings increased in violence during their first year of marriage. He would slap her, shove her, kick her, choke her, and finally he began threatening her with a gun. She was afraid to fight back because she felt he would kill her.

Long verbal arguments preceded each battering. He didn't like her friends and would accuse her of talking about him behind his back. He began to isolate her and

would not let her work although they needed the money. The one time she did work he made it impossible for her at her work place and she was fired. He would come to her job and start violent arguments. He stated that he'd "rather see the kids starve than have my wife go to work."

He would constantly accuse her of wanting to be with other men. If she went to the grocery store or left the house for any reason, he knew she was meeting another man. He followed her on many occasions abut never found her with another man. This did not allay his fears. Ginny remained monogamous throughout her marriage.

Ginny used various methods of appeasement: keeping the house clean, not talking with him unless he spoke to her first, fixing dinner when there was money, and keeping the children quiet. However, none of these methods were successful when he was drunk.

She threatened to divorce him after the last choking incident. He choked her until she was unconscious and threatened her with a gun when she revived. She felt that he would kill her the next time if she did not leave.

Ginny stated that she was tired of being a prisoner and tired of living in fear and torture. She is still very afraid of him and thinks that he will find her on the street and kill her. Her heart starts pounding and she begins to shake when she see a man that looks like her husband. Ginny expresses more open fear than most other residents.

When Ginny first came into the shelter, she had the appearance of being 40 years old. Within two weeks she was able to get a modern haircut, new glasses, and updated clothes. The change was so vivid that other staff members did not recognize her. She visited her mother in her hometown and saw her husband; however, he did not recognize her. She did not speak to him during this encounter.

Ginny wants to be a good parent and has been interested in taking the parent skills classes. The shelter staff is concerned that when she leaves the shelter she will prefer to "get high" and will forget about the children.

Ginny left the shelter during the course of this research project and is now high on various street drugs most of the time. Her parents bought her a new mobile home and lot. She is in the process of a divorce and has a new live-in boyfriend who supplies her with drugs.

MMPI. Ginny's MMPI scores (see Table C-1) indicated a relatively normal psychological profile. She has a tendency to be distrustful of people and may withdraw at times. She is somewhat extroverted. There is a good possibility that she could become chemically dependent on drugs or alcohol.

TSCS. Ginny's scores on the TSCS (see Table C-2) were all above the norm mean and indicated an above average self-esteem and self-image. Her highest score was on Personal Self (Column C) and her lowest score was on

Physical Self (Column A). She scored very high on the Empirical Scales in one area, Psychosis (PSY).

ANS-IE. Ginny chose 12 external answers on the ANS-IE from a possible 40 (see Table C-3). This score indicated a slightly high external locus of control perception.

Case 8. Helen is an overweight, illkept, sad looking 25 year old single woman. She was born the middle child of seven brothers and sister. Her mother and father separated when she was three months old. Her mother has remarried several times. She could not remember how many times. Helen has stayed in touch with her father since she was a child. He has never remarried and is now disabled and lives alone.

There was physical violence between her mother and most of her stepfathers. Her mother would often punish her by using a belt which left welts and cuts on her. She particularly remembers one alcoholic stepfather who tried to sexually molest her. Her mother interceded and he left her alone. She describes her childhood home as violent and troubled.

Helen's mother would send the children to a Methodist church but she refused to go with them since their various stepfathers did not like religion. Helen describes her present religious belief as athiest.

Helen quit high school in her sophomore year and attended a vocational school for training as a dental technician. She left her mother's home at an early age and

lived with various friends until she met her present boyfriend. She has lived with him for six years.

Helen describes herself as having average health although she takes medication for an ulcer. Her ulcer would start bleeding during batterings episodes. She does not seek medical treatment when she needs it because she has no money. She is worried about being over weight and would like to diet. She does not drink because of her ulcer but she will occasionally smoke marijuana. She has never considered suicide although she is often depressed. She has never taken antidepressants.

Helen's live-in boyfriend is a 24 year old mechanic who is occasionally employed. He has never been married. They have been living together for approximately seven years and have an 18 month old child. He was the eldest of three children born to his mother's first marriage. His natural father died before he was born. His mother remarried and he was raised by his mother and his stepfather. His stepfather is an alcoholic and has hit his mother in front of witnesses, shot at her, destroyed her property, and beat her with a broomstick. His mother and stepfather have recently separated.

He was coddled and babied as the favorite child. When he wanted something as a child he would throw a fit or hit his mother and he would get whatever he wanted. Neither parent physically punished him. Helen has seen him throw his mother to the floor, threaten her with a pair of scissors at her throat, and beat and kick her.

He has a history of drinking and bar fighting. He also has assaulted police officers and has been charged with DUI, destroying property, and assault and battery on other people. His only prosecution was for DUI. All other charges were dropped.

He quit school in the eighth grade and has taken mechanics training. He considers himself self-employed but he always has a different job which he loses or quits. Helen does not know where he obtains money and often she does not have money to feed their child.

Helen's boyfriend was not violent towards her during the first two years. The first year he broke the kitchen table and battered the refrigerator in a several hour episode of anger. He did not hit her. Recently he has begun to drink more and to use drugs excessively; the battering has increased in violence towards her. He attacks her at least two to three times per month. In the most recent episode, he threatened to kill her with a gun, dragged her around the yard, and beat her. Their little girl ran between them and he tossed her to the side into a wall and continued to beat Helen. Helen called the shelter.

Helen has been further humiliated this year by her husband's behavior concerning sex. She feels that their sex life was once "loving, kind and sensitive." This year he terrorized her for hours and raped her at gun point.

As the abuse increased Helen tried various forms of appeasement. Often when she would clean the house and

have dinner prepared, he would come home drunk, throw away the dinner, and not let anyone eat. They argue about money, in-laws, housekeeping, and child care. Helen believes that the violence is worse when he is drunk although he will beat her when he is not drunk. He especially hits her when they talk about what his drinking is doing to their relationship.

Helen has never called the police and maintains that she loves him and wants him to change. She feels that she probably deserves whatever punishment he can give her and that she is all the names that he calls her. She has left him 10-12 times during their relationship.

When Helen was first in the shelter she verbally degraded herself and acted as though she felt miserable. When she was not involved in parenting activities with her daughter she would stare into space and chain smoke. However, she was an excellent mother and became animated when she was with her child. Shelter staff was surprised at her child's independence and cheerfulness. She can play by herself for hours; she is cooperative with other children; she is beautiful, intelligent and very mature for her age. She is also very persistent when she wants something and devises ingenious ways to get whatever she wants.

Helen is an intelligent hardworking woman who has talents in several areas. She immediately secured a job while at the shelter. She began to participate in group therapy and was helpful talking with other women. She

seemed less depressed the longer she stayed. However, her boyfriend called her every night after the first week. Within three weeks she returned to live with him. She has been in the hospital emergency room twice since that time.

MMPI. Helen's MMPI scores (See Table C-1) indicated that she is a person who feels that things are very bad for her. She is trying to paint a picture of someone who is hurting and desperately needs help. Four scales were elevated (Hs, D, Pd, and Ma). She views herself as physically unhealthy and has several physical symptoms. She displays a profile that indicates gastrointestinal problems. She is presently energetic but is moderately depressed. She is somewhat submissive but may have had encounters with the law or be close to people who have had these encounters. There is a lack of social conformity and self control.

TSCS. Helen's scores on the TSCS (see Table C-2) indicated an extremely low self-esteem and a very poor self-image across all areas except Moral Ethical (Column B). She lacks the usual defenses to maintain even minimal self-esteem. Her scores on the Empirical Scales were elevated well above the mean on General Maladjustment (GM), Psychosis (PSY), Personality Disorder (PD), and Neurosis (N). GM and PSY were the highest.

ANS-IE. Helen chose 14 external answers on the ANS-IE from a possible 40 (see Table C-3). This score indicated a moderately high external locus of control perception.

Case 9. Irene is an attractive, 29 year old blond woman who looks much younger than her actual age. She was the middle child of three children born to her mother's first marriage. Her parents are now divorced but both are very supportive of her endeavors. They were divorced when she was seven years old. Her parents did not engage in physical violence and the children were never spanked. She describes her childhood home as happy and she continues to get along well with her brother and sister.

Irene graduated from high school and obtained employment as a sales clerk in a local department store. Irene lived with her husband one year before they married. They were married in 1981. She quit her job after they were married since her husband did not want his wife to work.

Irene's family attended a Protestant church when she was young. She considers herself as somewhat religious and is trying to find a church that she would like to attend. Her present health is excellent. She is trying to lose 20 pounds which she gained during the last year of her marriage. She uses alcohol and marijuana socially and occasionally gets drunk.

Irene's husband is a 36 year old man who has had one previous marriage which ended in divorce. He was the middle child of five children born to his parents only marriage. His parents are still married and are living together. He has told Irene that his father never hit his

mother but his father often severely beat him. His parents are Baptist and have always attended church frequently.

Irene's husband is an alcoholic but never uses other drugs. He often becomes dizzy and passes out but he has never consulted a physician. He also complains about his heart racing and other unspecific pain.

Irene and her husband have two young children, ages 3 years and 18 months. Her husband's eight year old daughter from his first marriage also lived with them. Irene was concerned that if she left the marital home, her stepdaughter would begin receiving the abuse.

Irene's husband was abusive to her one time before they were married. He became extremely jealous because she was talking to one of his male friends. He beat up the friend, took Irene home and battered her. Eight months later she married him.

He did not physically abuse her until she was pregnant with their three year old child. He also began drinking more heavily during this time and was arrested on a DWI charge. He broke the furniture, pounded holes in the walls, and killed a pet kitten by throwing it against a wall. She excused the housebeating by saying that he had a difficult time in Viet Nam.

They argued about her pregnancy, her housekeeping, his drinking, and his jealousy. Their sex life was extremely satisfying for Irene until the children were born. He was drunk more often after this time and when the

arguments and abuse increased, she did not want to have a sexual relationship with him.

Irene's statements regarding his escalating violence are to the point: "He couldn't control his own life and his drinking so he had to control mine. The more isolated I became, the more control he had. But it wasn't enough for him. When my life became unbearable for me to live in my way, I tried to learn to live his way to keep peace in the family. As he lost respect for me because I was passive, the abuse became worse."

Irene used several methods of appeasement. When he became abusive Irene would try to talk him into a better mood or she would pretend to be asleep when he came home drunk. He would wake her up and demand that she perform sexually or cook dinner for him regardless of the hour.

As the abuse became more violent, he once choked her into unconsciousness. After this episode, she began physically fighting back. Although Irene never called the police, a neighbor called twice. The children were usually present during these batterings.

Irene did not participate in prosecution after he was arrested by the police. She did not want her husband to go to jail and lose his job with the state. She only wanted him to stop battering her. During her stay at the shelter she did insist that he attend therapy sessions for batterers at the mental health center. She also began attending counseling with a female therapist at the mental health center.

Irene was most cooperative in the shelter. She was able to logically think through alternatives and select one. She immediately secured a car, a job, and day care. She feels that she received pressure from the mental health center counselors to stay with her husband even though she said she no longer loved him and he would not change. Her parents are helping her with future housing.

Irene's children were generally well behaved and usually cooperative. When they first came into the shelter, the three year old was having nightmares of being abandoned and being hurt. They both miss their father but they are also afraid their father will hurt them. When the 18 month old boy wants something and his mother will not give it to him, he will strike her.

An interesting point in this case occurred after Irene was in the shelter for a few weeks. Her husband called and talked with the shelter counselor. He said that Irene was a bad person and he asked for permission to beat her in the future.

MMPI. Irene's MMPI scores (see Table C-1) indicated a woman who is very depressed and introverted. She has little energy and is withdrawn. Four of her scales were clinically elevated (D, Pd, Pt, Si). She has a cheerful, depressive type of personality but she could experience suicidal ideation. At the point of this testing she lacks the energy to act out. If her energy level rises, she could be dangerous to herself.

TSCS. Irene's scores on the TSCS (see Table C-2) indicated a very low self-esteem with a generally negative self-image in Self-Satisfaction (Row 2), Physical Self (Column A), Personal Self (Column C), and Social Self (Column E). Her scores on the Empirical Scales were elevated on General Maladjustment (GM) and Neurosis (N). She scored extremely low in Personality Integration (PI).

ANS-IE. Irene chose 10 external answers from a possible 40 on the ANS-IE (see Table C-3). Irene's score was similar to other normal populations and presented a more internal locus of control perception than most other subjects.

Case 10. Judy is a pleasant, shy, affable 35 year old single woman who was the second eldest child in a family of six brothers and sisters. Her mother and father divorced while her mother was pregnant with Judy. Judy was raised by her mother and a stepfather who she liked. Her mother told her that she and her natural father were divorced because he used to beat her. The children were occasionally spanked by the stepfather.

Judy failed her sophomore year and quit school. She worked in sales at a dime store and then attended beauty school. She quit beauty school to marry her first husband. She was married for 13 years. There was no physical violence in this marriage. They owned their home, were economically secure, and had three children.

Judy says her husband came home one day, said he was in love with another woman, and wanted a divorce

immediately. She gave up her home, her children, and her car in the divorce proceedings. She states that she became severely depressed and was in a state of shock for a few years. She allowed her husband to have custody of the children because he had more money and could provide for them better than she could.

She tried to commit suicide the first Christmas without her husband and children. She overdosed on someone else's pills and tried to run her car into a bridge. She was found by friends who stopped her and took her to the hospital.

Since that time she has wandered the streets as a bag lady, lived with various male and female friends, and has moved often from state to state. She married an exconvict and lived with him and his two children from a previous marriage for three years. Two years after they married he began to batter her. She left their home and moved in with friends and he obtained a divorce.

She met her present boyfriend in a bar and has lived with him for five months. He wrecked her car and made her quit work. They have been living in a shack which belongs to a friend.

Judy's boyfriend is a 43 year old unemployed alcoholic who has been married three times. He has one child from a former marriage but has not see this child for several years. He was the youngest of four children. Both of his parents died when he was a child. He served in Viet Nam for four years. He completed high school and takes odd

jobs as a painter. He has been arrested and convicted of theft. Judy does not know very much about his background or his family.

The second month they were living together he created a scene in a local bar and physically fought with a man that talked to Judy. He then took her home and beat her for flirting. Most of their arguments concerned his jealousy. He wanted her by his side at all times. Judy states that she was not allowed to get out of bed before he did because he needed her to lie beside him. He quit his last job to be with her during the day.

He has attacked her five times in five months. He is a large and muscular man who brags about learning abusive techniques in Viet Nam. She left him three times in five months. Each time she stayed with a girlfriend. He would find her, beg her forgiveness, and bring her back to his house.

Judy states that she is mesmerized by this man and was enjoying sex for the first time in her adult life. She talked with him daily by telephone during her first week in the shelter. The second week he agreed to seek counseling and wanted her to join him for dinner. She met with him against staff advice.

She later called from a bar pay phone and said he was beating her and had threatened her with a knife. She was disconnected before staff could find out where she was. He kidnapped her from the bar at knife point and held her hostage for three days in a motel room. He stripped

her, tied her, tortured her, cut her, said he was going to brainwash her, would not let her move without his permission, and battered her. He took her to a friend's trailer later that week. During the entire time they were in public he always had his hands on her to control her. She escaped from the friend's trailer and got a ride back to the shelter.

She and the shelter staff immediately reported the incident to the police. The next day she was interviewed by the state attorney's office. Although she was severely bruised and beaten and had been interviewed by the police, the prosecutor decided not to prosecute the case because she still loved him and wanted him arrested to secure court ordered counseling. The prosecutor felt that this was "just another domestic matter" and she would return to him.

When Judy first entered the shelter, she was withdrawn, pathetic, anxious to please, and expected nothing from anyone including a kind word. It has taken weeks of living in a safe environment to help her regain her emotional affect. She behaved as though she were in battle shock. In her interviews she talked about a deep sense of final betrayal. She feels that life has not been worth living since her first marriage dissolved.

Judy left the shelter after eight weeks and moved in with another man that she had met that week. He is divorced and recently released from a 25 year prison term.

She feels she is providing a home atmosphere for him and for his older teenage children.

MMPI. Judy's MMPI scores (see Table C-1) indicated a seriously disturbed woman. Her scores were clinically elevated on seven of the scales (D, Hy, Pd, Pa, Pt, Sc, and Ma). She is somewhat submissive and passive, but she is very, very prone to act out. She is quite depressed and feels some physical symptomotology. She could be very obsessive. She has little confidence in herself and is easily led by criminal types or con artists. She is somewhat introverted. Her outstandingly low ego strength does not make her a good candidate for psychotherapy.

TSCS. Judy's scores on the TSCS (see Table C-2) indicated a very, very low self-esteem. Her scores were all well below the norm mean. Her one elevation into the normal range was on Social Self (Column ED). Her scores on the Empirical Scales indicated problems in General Maladjustment (GM), Personality Disorder (PD), and Neurosis (N). Her score on Personality Integration (PI) was below the 0.1 percentile.

ANS-IE. Judy chose 18 external answers from a possible 40 on the ANS-IE (see Table C-3). This score indicated a high external locus of control perception.

Case 11. Kathy is a 27 year old single woman who is slim, blond, intelligent and outgoing. She is pregnant with her live-in boyfriend's baby. Her parents were divorced when she was 9 years old. She was the youngest of three brothers and sisters. There was no physical violence

between her parents but her father would beat her with a razor strap. Her parents constantly argued and she describes her childhood home as very troubled for all the children.

Kathy quit high school during her sophomore year and married another man. They have a seven year old daughter. He assaulted her once and the marriage ended in divorce. She has had various jobs as a secretary, a bookkeeper, and a manager of a fast food store. Kathy also received additional training in a business school as a bookkeeper.

Kathy's childhood family was Methodist and attended services weekly. She continues to be somewhat involved in the Methodist church and did consult a pastor concerning the abuse.

Kathy is in excellent health but is currently receiving treatment for abdominal cramps which began after the beating. She is afraid that the battering beating hurt her unborn child. She states that she sometimes smokes marijuana with her boyfriend but she does not drink or take other drugs.

Kathy's boy friend is a 27 year old man who is employed in the thoroughbred horse industry. He was married previously and then divorced. He has two children by this former marriage. Kathy recently learned from his sister that he battered his last wife. He was the second eldest in a family of five children. His parents remained married until the children left home. They are now divorced. She

knows very little about his childhood home. He has alluded to her that his childhood was troubled and argumentive. He was raised as a Catholic but now considers himself anti-religion.

He obtained his GED and has been working for a trucking line that ships thoroughbred horses. She has no idea what his income is. He has a history of shooting dogs and fighting with other men.

Kathy has lived with him for five months. During the past two months they had argued about childcare, her pregnancy, and his ex-wife. He has recently begun to drink heavily. He began smoking marijuana at an early age. Kathy thinks he is "burnt out" on drugs.

The first time he battered her, the episode lasted for four hours. He beat her in front of her child and his sister's children and dragged her from room to room. Kathy fought back physically until he choked her unconscious. He also battered her seven year old daughter for interfering. He was not under the influence of drugs or alcohol during this time.

Kathy is very verbal about what she thinks a relationship or marriage should be. She reveals very little personal or intimate information and talks in idealistic terms. If she thinks the counselors approve of a certain behavior or attitude, she adopts that attitude. She loves her boyfriend and wants to marry him. She thinks that "strong love will change him" and that they "need a family together."

Kathy came into the shelter intending to stay the eight weeks and to return to him only if he would seek counseling in the batterer's program. She left the shelter and returned to him within two weeks. She has called the shelter twice since she left. She wants to come back into safe housing. He was romantic and kind for three days and then began yelling at her, hitting her daughter, and calling both of them names. He wants to "get rid of the baby."

MMPI. Kathy's scores on the MMPI (see Table C-1) indicated that she has had bad experiences with people and is distrustful. At times she may experience bizarre ideation. She is neither especially extroverted nor introverted. She does not see herself as physically healthy and she is very anxious. She is also energetic and interacts with people. She could be involved with abuse of drugs or alcohol. Her scales were elevated in four areas (Pd, Pa, Pt, and Sc). She has a low ego strength score and is not a good candidate for counseling.

TSCS. Kathy's scores on the TSCS (see Table C-2) were all well below the norm mean and indicated a very low self-esteem and negative self-image in all areas. Her scores on the Empirical Scales were elevated on General Maladjustment (GM), Psychosis (PSY), and Neurosis (N).

ANS-IE. Kathy chose 13 from a possible 40 external answers on the ANS-IE (see Table C-3). This score

indicated a moderately high external locus of control perception.

Case 12. Liz is a very conservative, meek, and plain 50 year old married woman. She was the only child born to her parents who remained married to each other until they died. She describes her childhood home as happy and secure. She was previously married for several years. There were three children born to that marriage before the marriage ended in divorce. These children are living in various states throughout the country and are all adults. There was no physical violence between her parents or in her first marriage.

Liz graduated from high school and married her first husband. She has been a housewife until recently when she secured a part time job in a pottery factory.

Liz was raised as a Christian and her parents and she attended various Protestant churches throughout her childhood. Her present husband will not allow her to attend services. He professes to be antireligion. She has consulted a pastor about the batterings. She was amazed when the minister told her to leave until her husband would seek counseling.

Liz is in excellent health. She has never obtained medical help for her bruises and wounds since her husband would not allow her to seek treatment. She had no car, no money, no telephone, and knew no one in town to help her. Although she occasionally drinks, she takes no other drugs, prescription or illegal.

Liz's husband is a 55 year old unemployed fisherman. He was the only child born to his parents before they were married. His parents were married when he was nine years old. Both are now deceased. Liz states that his childhood was very troubled and he refuses to talk about it. He has told her that he was constantly teased and bullied by other children because he was short in stature and was illegitimate. She knows very little about his background. He was previously married one time and has one child. He and Liz have two children, ages 10 and 8.

She thinks that he completed high school. He has worked at different jobs since she met him but he considers himself a fisherman. Recently he has not been able to hold a job and she uses food stamps and welfare to support the family. Liz's husband's health is poor. He is a diabetic, has high blood pressure, and is an alcoholic. He suffers migraine headaches but takes no medication or other drugs. He began drinking at 16 and has recently become a heavy daily drinker.

Liz's husband did not hit her the first few years of their marriage. They did constantly argue over money, his jealousy, her housekeeping, and the children. She stated that he will argue about anything. She has been attacked six times in the past nine years. He always batters her in front of the children. Their sex life has never been pleasurable for her but now he forces himself on her and she finds it humiliating. Prior to her admittance to the shelter she was attacked three times in two

weeks. He threatened her with a gun and said that life was not worth living for any of them. She became frightened of the gun and ran to the neighbors. They called the police. Liz said she never thought to call the police because it was a husband's right to hit her when she displeased him.

Liz feels that prayers and hope will change her husband. In the past she would buy him a bottle to keep him quiet and to pacify him. The minister she consulted told her that she and the children needed to be safe. Then she could try to get him into AA meetings or counseling.

During these interviews she made several statements that her opinion didn't really count, that she was nothing. She said that she didn't have anything to share and that she was stupid. She reiterated that it never occurred to her to call the police. The police were for criminals and crime. She also shared that whenever she was beat in front of other people no on ever helped her. She loves her husband and wants him to stop drinking and to stop beating her.

While she was in shelter he told her that he was attending AA meetings and that she should return to him. She returned with the children to live with him in a broken down shack in the woods. They are sleeping on mattresses on the floor. Shelter staff understands that he has stopped attending AA and she has called again to see if she can return to the shelter if she and the children are attacked.

MMPI. Liz's MMPI scores (see Table C-1) described a passive, submissive female. She perceives herself in a very feminine stereotypical way and she is submissive in her relationships with men. Although she is depressed at this time, this is an essentially normal psychological profile. She scored low in ego strength.

TSCS. Liz's scores on the TSCS (see Table C-2) were all well below the norm mean except for Moral-Ethical Self (Column B). Her scores indicated a very low self-esteem and self-image. Her scores on the Empirical Scales were elevated on General Maladjustment (GM) and Psychosis (PSY).

ANS-IE. Liz chose 13 external answers from a possible 40 on the ANS-IE (see Table C-3). This score indicated a moderately high external locus of control perception.

Case 13. Myra is a quiet, very pretty 23 year old Hispanic married woman. She was the second youngest in a family of six brothers and sisters. She was born in Puerto Rico. Her mother and father were married but separated soon after she was born. Her father is now dead. Her mother sent her and one of her sisters to the United States to live with an aunt when she was three years old. Her mother was not able to leave Puerto Rico until Myra was five.

Myra is very close to her aunt and her aunt's family and feels as though she has two mothers. She describes her childhood home as peaceful and loving. She was raised

in a tenement project in a large northern city. Most of the neighbors were Hispanic or other minorities. Her family was Catholic and she still attends mass. Her mother would spank the children occasionally but there was no other physical violence among her relatives.

Myra became pregnant at 15 and quit school. She chose not to marry the baby's father. She obtained a job as a seamstress in a dress shop and later in a sewing factory. This allowed her the money to live in her own apartment.

Myra is in excellent health and never uses illicit drugs. She occasionally drinks. She has considered suicide when she and her present husband were arguing everyday. She states that she immediately decided against killing herself because the children needed her and she did not want to leave them with her husband.

Myra's husband is a 37 year old Hispanic man who works as a truck driver and has held this job for a few years. He was the middle child of seven brothers and sisters. His parents are now deceased and they were divorced before he was 16 years old. Myra knows that his childhood home was troubled but he does not talk about his family. He was previously married for one year and has two children by this marriage which ended in divorce.

Myra's husband is in excellent health. For several years he was a drug addict but he has not used drugs for at least eight years. He is now drinking heavily and only batters her when he is drunk.

He did not batter Myra when they were dating. The first battering took place one month after they were married in 1980. He punched her in the face, pulled her hair and dragged her through the house by her hair. She fought back and he hit her harder. She called the police but they did not arrest him because he left the house. She did not press charges later because he said he was sorry and he would not do it again.

Myra attended seven counseling sessions with a psychiatrist. She wanted to find out what was wrong with her and why she always displeased her husband. The psychiatrist told her to be more open about her feelings. Her husband joined her in three therapy sessions. He then refused to attend more. Later when she expressed her feelings, he beat her specifically for expressing her viewpoint.

In the past three years he had beat her three times. Each beating has incurred more injuries. Usually long verbal arguments would precede the battering episode. He would harass her, call her names, and generally criticize her. Myra explains that they have had many arguments over saving money. Her family taught her to save money for the children, a nicer home, and other things you can have in America. He would rather buy alcohol.

Myra feels that he gets angry for no reason and he will not tell her why he is mad. This leaves her confused since she feels that she should at least know why she is being beaten. He has never hit her when she was pregnant and he seems to genuinely love and care for their child

and her child. Myra feels that he will continue to provide for the children when they are divorced.

Myra fights back now when he hits her even though it doesn't help her situation. When she thinks he is going to beat her, she threatens to call the police. This did not stop him during the last episode.

Immediately upon her admittance to the shelter she contacted Legal Aid and started divorce proceedings. She also obtained a job in a curtain factory. She refuses to go on welfare and food stamps and wants to support herself and her family by working.

Myra is quiet but will express her opinion when asked. She is calm with the children and a very capable mother. She usually disciplines them verbally. She is afraid to confront another person with negative feelings or a problem unless she feels she is supported by staff. She has very clear values about supporting herself and her children and believes in working hard. She saves money when there is very little to save. She dresses well and cooks more than adequate meals for her children by carefully shopping for sales.

She remains afraid of her husband but feels that she must take the children to visit with their father on weekends. She drops them off and leaves even though he has tried to manipulate her into staying. The first few weeks she was still frightened when she came home from these brief encounters. During the last few weeks she has been

proud that she has conquered her fear and continued with her divorce plans.

MMPI. Myra's scores (see Table C-1) indicated a normal psychological profile. She is very introverted and is not willing to reveal a great deal about herself. She scored low in ego strength.

TSCS. Myra's scores on the TSCS (see Table C-2) ranged within normal bounds around the norm mean except for a high score on Moral-Ethical Self (Column B). Her scores indicated an average self-esteem and self-image. She scored below average on Social Self (Column E). Her other low score was on Physical Self (Column A). Her scores on the Empirical Scales were elevated on one scale, Psychosis (PSY). Her lowest score for the TSCS scales was on Personality Integration (PI) where she scored in the five percentile.

ANS-IE. Myra chose 18 external answers from a possible 40 on the ANS-IE (see Table C-3). This score indicated a very high external locus of control perception.

Case 14. Nora is a quiet, tall, lanky 28 year old single female who was the youngest of two children born to her mother and father's only marriage. She describes her childhood home as loving and fun. There was no physical violence between the parents and the children were verbally disciplined. Her parents and sister remain supportive and help Nora with her children. Nora quit high school in her junior year because she "did not

understand school work." She obtained a job in a furniture factory, bought a car, and rented an apartment.

While she was dating her first husband, he assaulted her because she said she would not have sex with him. He beat her to the ground and raped her. She later married him and they had one child. During the three years that they were married he did not beat her. They had long verbal arguments and he would punish her psychologically when she didn't do as he said. He would also shove and push her but he never hit her again.

Nora states that she is of average health but often has colds. She was a heavy drug user during her first marriage. Now she does not take prescription or illicit drugs. She will occasionally drink with her present boyfriend but she feels she has to stay sober or he might kill her. She tried to commit suicide by jumping from a two story building when her first husband rejected her. She was hospitalized for two weeks recuperating from the injuries.

Nora's live-in boyfriend is a 25 year old man who has been living with Nora for four years. He was the youngest of five children born to his parents' first marriage. His parents were divorced before he was 16 and he never sees his father. His mother is deceased. Nora does not know very much about his childhood except he said his mother severely beat him when he was a child. He was married previously and beat his wife. This marriage ended

in a divorce. Nora did not know about his wife abuse until she had been living with him for several months.

He has a history of drinking and using marijuana. He has been arrested for DUI twice in the last year. He quit school in the ninth grade and has worked steadily in construction since he left school.

Their arguments usually began over her friends, her car, her past marriage, her older son, her parents, and her working. He refuses to let her work even when they need the money. He thinks that she only wants to work to meet other men. She has remained monogamous throughout the relationship. He constantly harasses her, calls her names, and tells her she is stupid. These arguments and the batterings increased after their first child was born. Later in her pregnancy Nora did not want to have sexual relations because it was uncomfortable. He beat her unconscious and raped her when she said no. Recently he used a knife on her face and she called the shelter.

Nora appears to be bewildered, dull-witted, and unintelligent. She does not engage with her surroundings. She does respond well to positive attention and became the mechanic of the shelter while she was a resident. She can fix anything mechanical. She will not volunteer information unless you direct her to or put her in charge of a project. She then handles situations with competence and responsibility.

Nora would not initiate an appointment or a project. Once it was initiated for her, she would follow

through. After a month in shelter, she became more creative and would initiate projects and then tell the staff what she had done. She showed a childlike pleasure in succeeding.

Nora has a failure-to-thrive younger daughter. She must arrange numerous medical appointments for her child in another city. This child is in constant pain and none of her organs function properly. She often has high fevers and is difficult to handle. She takes medication four times each day for seizures. It was often difficult for Nora to transport her child to the hospital when her car had been damaged by her boyfriend and would not start because he did not want her to go anywhere.

Nora was optimistic and cheerful when she left the shelter and moved into federally subsidized housing. She had a new used car and had recently received good news about her younger daughter's health. She continued to come into the office and wanted to talk about her boyfriend. She still loves him and wants him to live with her. She is also still afraid of him. She called into the shelter hotline a few days later and said she was pregnant with his child, he had taken all her money and he was living with another girlfriend and would not move in with her. She had lost her federally subsidized apartment because she did not pay the minimal rent for that month and he had wrecked her new used car.

She is once again overwhelmed, dependent, cannot make a decision, and contemplating suicide. Her mother and

sister are supportive but they feel that Nora will always find people who use her and hurt her. They think she "ruined her mind with acid" when she was taking drugs. Nora herself says she "changed from a cheerful, appealing little girl into a withdrawn, confused teenager who always seemed to blunder into trouble."

MMPI. Nora's scores (see Table C-1) indicated a seriously psychiatrically disturbed woman. Her scales were elevated in six areas (D, Pd, Pa, Pt, Sc and Si). Her scale scores indicate paranoid schizophrenia and she may experience psychotic symptoms at times. She is very, very highly anxious, perhaps in an obsessive fashion. She is also significantly depressed. The profile clearly indicates disturbances in her relationships with people; she has very little trust in other people. She is somewhat introverted and lacks confidence. She scored very low in ego strength and would not be a good candidate for psychotherapy.

TSCS. Nora's scores on the TSCS (see Table C-2) varied widely around the norm mean. Her self-esteem score was slightly below the norm mean which indicated an average self-esteem. Her highest score was Self-Satisfaction (Row 2). Her scores on the Empirical Scales were slightly elevated on General Maladjustment (GM) and Psychosis (PSY).

ANS-IE. Nora chose 26 external answers from a possible 40 on the ANS-IE (see Table C-3). This score

indicated an extremely high, pathological external locus of control perception.

Case 15. Olga is a dark attractive but overweight 29 year old married woman of Indian and Italian ancestry. She was the second youngest child in a family of four brothers and sisters. Her mother and father are still married to each other. She describes her childhood home as sad, troubled and loving. She remembers seeing her father beat her mother once in 29 years. The children received occasional spankings.

Olga quit high school in her sophomore year to marry her boyfriend. She was married to this husband for five years. He beat her, shot at her, tied her up, raped her, and overdosed her on drugs. They both used street drugs and she became an addict. At the end of five years he drove her and their four children into the streets. She left her children at a mission house until she could find a job and a place to stay. She decided to let her children live in a state foster home and she entered a drug rehabilitation program. Her husband divorced her and later died from a gang beating. She worked in the rehabilitation program and in two years regained custody of her children.

Olga is in excellent health and will not use drugs because she is afraid of addiction; however, she occasionally drinks. She is currently trying to diet and regain her figure.

Olga's parents and their children attended a Catholic church. She presently considers herself as very religious and has joined the Pentacostal Church.

Olga's current husband is a 37 year old truck driver who is presently unemployed. He was the eldest of five brothers and sisters. His father was an alcoholic and beat his mother. His father also criticized Olga's husband and beat him weekly when he was a child. He did not beat the other children. Olga describes his childhood home as sad, hateful, troubled and violent. Olga's husband was previously married for five years. He beat this wife, put her head through a wall, kicked her, and strangled her. That marriage ended in divorce.

When Olga was dating her husband he shoved her one time and hurt her back. She told him if he ever did that again she would leave him. A year after that incident she moved in with him and married him four years later.

Olga's present husband has a history of arrests for assault and battery, breaking and entering, car theft, and destroying property. He usually does not drink because he becomes mean when he drinks two beers. Last year he became angry with the phone company and blew up a phone booth. Recently he assaulted her with his fists for the first time. She said that the argument preceding the battering was confusing and she did not know why they were arguing. He was very angry and he stated that he wanted her to be angry too. She called the shelter and came in with her children and all her possessions.

While Olga was in the shelter, one of the staff counselor's discovered that Olga's husband had been sexually assaulting her 11 year old daughter. Olga immediately called the police and is helping to prosecute him. He is presently in jail. Olga was shocked, surprised, and hurt. She said that now she felt totally alone. Her husband had been communicative, loving, and kind until recently. She trusted him. She feels betrayed and does not know if she will ever trust a man again. She thinks that he became angry because he was feeling guilty about her daughter. She feels sad because she promised the children that they would never be hurt or taken from her again.

Olga is stronger than most women who come into the shelter. She is clear about her goals and is outspoken. She gets along with other people but does not let them take advantage of her. She says that she has gained strength and insight from her past fight with drug addiction and she hopes to pass these positive qualities on to her children. She also is trying to become a more self-actualized person and wants to grow emotionally. When she would discuss these feelings in group the other women did not know what she meant.

MMPI. Olga's scores (see Table C-1) indicated a defensive profile. She is fairly competitive and aggressive. She demonstrated a high energy level and is not depressed. She is also experiencing a significant degree of anxiety at the time of this testing. Her scales were elevated in two areas (Pt and Ma).

TSCS. Olga's scores on the TSCS (see Table C-2) indicated above average self-esteem and self-image. Most of her scores were above the norm mean. Her lowest score, Physical Self (Column A), was well below the norm mean. Her positive self-esteem score may be defensively distorted and higher than her actual self-esteem. Her scores on the Empirical Scales were slightly elevated in one area, Neurosis (N). She scored very low, at the 5 percentile, in Personality Integration (PI).

ANS-IE. Olga chose seven external answers from a possible 40 on the ANS-IE (see Table C-3). This indicated an internal locus of control perception.

Case 16. Pat is a plain tired looking 32 year old married blond woman with five children. She can be animated, attractive, and outgoing but usually she is fatigued. She enjoys being a mother and sees this as the most important job a woman could do. She was the middle child of 11 sisters and brothers born to her parents only marriage. Pat describes her childhood home as loving and busy. She remembers an occasional spanking by her mother but there was no other physical violence in the home. The children were not allowed to fist fight with each other. Her family occasionally attended a Christian church. She now considers herself a new born Christian.

She quit high school but finished her GED and attended a business school. She left her parents home at the age of 17 and married her first husband. They had three children together. Her husband did not want her to work or

finish the business school. He felt that it was a woman's place to stay home and a man's place to have job and be the breadwinner. He battered her three times during their marriage. She divorced him after 10 years of marriage.

Pat is in excellent health and plans to have several more children. She smokes marijuana occasionally but does not drink. She becomes very tired when she is working a fulltime job and taking care of all her children by herself.

Pat's present husband is a 45 year old plant manager. He was married previously for 20 years. He has five children born to this past marriage. Pat does not know very much about his past marriage except that she believes he beat his wife and she filed for a divorce. She did not know about this until she married him. She also does not know very much about his parents or his brothers and sisters.

He has told her that his parents are divorced and his father severely beat his mother. His father once beat his mother until her hair barrettes were driven into her head and they had to be removed by a physician. She received several concussions. His father beat him weekly with a razor strap that left cuts and welts. When he was six years old, he lived with an uncle and worked on the family farm. If he did not work, he was beat. If he was sick and could not work, he was not allowed to eat. All of his immediate family and relatives were Catholic and attended mass weekly. He presently has no religion.

Pat's husband has a history of killing the children's pet animals in front of them. He has been arrested for animal neglect and torture. When he began beating Pat he told her it was to teach her "to be hard" and "to break her in." Pat's husband assaulted her eight months before they were married. He grabbed her by the hair, hit her, and dragged her through all the rooms in the house. This beating took place in front of several people who were visiting.

During the four years of their marriage he has argued with her whenever he drinks. He calls her names, insults her, and criticizes whatever she is doing. Each time he beat her as he became more intoxicated. During the last two years he would slap or beat her when she did not agree with everything he said, when she had a girlfriend visit at the house, when she talked on the phone, or when she would try to go to work. She has received several cracked bones in her back and ribs, facial cuts, and general body bruises. He also has recently gone to her place of employment and yelled obscenities at her while she was serving patrons.

Pat tried several methods of appeasement. She waited on him hand and foot until he decided that she couldn't do that right either. Recently she was expected to ask his permission when she wanted to go into the next room.

He constantly bragged to others that someday she would fight back and he would have her arrested for spouse

abuse. She finally began fighting back. He began a serious altercation and severely hurt her. She fought back to save her life as he was choking her and he called the police. They arrested her for battery and she spent the night in jail. One of the jailers called the shelter. Although she had bruises and he had none, a judge gave him temporary custody of all the children. Shelter staff interfered and the prosecutor investigated. The state attorney's office refused to continue to file charges on her and had her husband arrested. He left the children alone in the house after he received custody and traveled that night to another state. Shelter staff and Pat picked up her children the next day.

Pat felt completely powerless during this process and was further humiliated by the arrest and staying in jail overnight. She was also anxious about her children's welfare. Previously she had called the police several times when she was being battered and they would not help her. She now feels totally betrayed by the system. She also feels that only people with money have power (the power to jail her) and there is no hope of escaping him.

Pat saw her husband while she was in shelter and they both attended separate counseling sessions. She stated several times that she enjoyed their sexual relationship more than she ever had in her adult life and as long as they were married, he would have a hold on her. She feels he uses sex to control her. She began divorce proceedings after five weeks in the shelter. She also

rented a mobile home to live in and returned to her job as a waitress. She still occasionally sleeps with her husband but has maintained her divorce action.

Pat is an excellent mother with well behaved children. She is good at scheduling the family activities and uses verbal and infrequent physical discipline. She wants several more children. Pat fluctuates between being depressed and feeling worthless to being proud of her family and her skills as a mother. She also is a good waitress and makes more tips than the other waitresses working with her.

MMPI. Pat's MMPI scores (see Table C-1) indicated a character disorder. One scale was clinically elevated (Pd). She is submissive and introverted. She is not presently depressed and is physically healthy. She does not have an excessive amount of anxiety. However, she indicated a fairly pathological profile with no chemical dependency and a fair amount of ego strength. She may be able to profit from psychotherapy.

TSCS. Pat's scores on the TSCS (see Table C-2) indicated average self-esteem with scores that varied around the norm mean. There were no outstanding features in her profile.

ANS-IE. Pat chose 12 external answers from a possible 40 on the ANS-IE (see Table C-3). This score indicated a slightly high external locus of control perception.

Individual and Group Data on the MMPI, TSCS, and ANS-IE

MMPI. The individual T-scores on the MMPI are displayed in Appendix C, Table C-1. The MMPI profile is based on these T-scores which are standard-score equivalents for the raw scores on each scale. The MMPI scales have a mean score of 50 and a standard deviation of 10. A scale becomes significant clinically when it is elevated beyond two standard deviations above the mean; a T-score greater than 70. Psychologists become concerned in interpretation when patients have a score of 70 or above.

Eleven of the 16 subjects (Betty, Carol, Dotty, Eve, Helen, Irene, Judy, Kathy, Nora, Olga and Pat) had scores 70 or above on at least one of the clinical scales. Eight of these subjects (Betty, Carol, Eve, Helen, Irene, Judy, Kathy, and Nora) had scores that were elevated (70 or above) on three or more of the clinical scales.

All of the subjects with elevated scales in three or more of the clinical scales had scores of 70 or above on Personality Disorder (Pd). Six of the subjects with elevated scores on three or more of the clinical scales had scores 70 or above on Paranoia (Pa). Five of these elevated subjects who scored high on three or more clinical scales were also elevated on Depression (D) and five were elevated on Psychasthenia (Pt). Five were also elevated on Schizophrenia (Sc). Four subjects from this group were elevated on Mania (Ma). Three of this elevated group of

subjects scored low on the Masculinity-Femininity (Mf) scale.

Five of the 16 subjects had scores within the normal range, i.e. below 70 and above 30 on all scales. Two of these five subjects (Fran and Myra) indicated that they may have avoided making negative statements about themselves (the F-K Dissimulation Index equaled -7 and -7 respectively for Fran and Myra).

All subjects were able to read the profile and answered all the questions. All had valid profiles according to the validity scales.

TSCS. Individual and mean T-scores on the TSCS scales are displayed in Appendix C, Table C-2. The TSCS norms also have a mean of 50 and a standard deviation of 10. Scores below one standard deviation from the norm mean are clinically significant scores which indicate problem areas. Twelve subjects' self-esteem (Total P) scores were below the norm mean. Four subjects (Anne, Ginny, Myra, and Olga) scores were on or slightly above the norm mean. Betty (37), Dotty (36), Eve (24), Helen (28), Judy (27), Kathy (37), and Liz (37) all had P scores below one standard deviation from the norm mean. Eve, Helen, and Judy scored the lowest Total P scores and were at or below the one percentile on the TSCS norm scale.

The range of Total P scores was from 24 to 56. The mean Total P score for all 16 subjects was 41.38 with a standard deviation of 9.68. This mean score was statistically significant at the .05 level when compared to the

normal population even though it was not below one standard deviation.

The lowest mean scores of the scales related to Identity (36.38) and Physical Self (32.88). The highest mean scores were in Self-Satisfaction (46.88), Moral-Ethical (49.63), and Personal Self (45.00). Although all these are below the norm mean, it is interesting that the highest score is Moral-Ethical Self for these subjects.

ANS-IE. The mean score on the ANS-IE for the group studied was 15.75 with a standard deviation of 5.72 which is a high external locus of control perception. As a group these women scored higher than a community group and higher than a female community group (Lewis, 1982, p. 43). The difference was found to be significant at a probability level of less than .05.

Scores on the ANS-IE ranged from 27 (external) to 7 (internal); the higher scores indicated an external locus of control perception. These scores are displayed in Appendix C, Table C-3. The four highest external scores were made by Eve (27), Nora (26), Betty (21), and Fran (20). The two subjects, Eve and Nora, who scored highest in external locus of control also had six elevations on their MMPI scales. Eve scored the lowest in self-concept on the TSCS.

The most internal locus of control subjects from this group, Olga (7) and Carol (9) had two or more elevations on their MMPI scales. Both had average to slightly below average Total P scores on the TSCS.

Summary of Data by Research Question

A summary of the demographic data is displayed in Appendix D, Table D-1. The 16 subjects ranged from 20 years of age to 50 years of age. Twelve of the subjects were married to their batterers; four were living in a conjugal-type relationship but were not legally married. Nine of the subjects were married previously to another husband; seven had not been married previously. The amount of time in the relationship varied from 5 months to 11 years. The number of children living with the subjects ranged from one to five children. The mean number of children were 2.4 per subject. Two of the subjects were also pregnant with another child.

Half of the subjects had finished high school or obtained a GED. The other half quit high school during their sophomore or junior year. Ten of the subjects were unemployed and six were in minimal wage jobs. Their family income varied from no family income to $130,000. Eight of the husbands or boyfriends were presently employed. It was typical for the subject to not know how much her "husband" earned. It was also typical that these men would change jobs frequently. Religious views were varied. Family background often indicated Baptist or Catholic more than other religious denominations.

Research Question One. What is the current psychological functioning of battered women residing in a spouse abuse shelter? The present overall level of functioning

tended towards dysfunctional for most of the 16 subjects. Only 5 of the 16 subjects had relatively normal psychological functioning profiles as assessed by the MMPI.

The majority of subjects believed in the stereotypical feminine role and tried to portray this in their lives with their mates. Most become anxious and expressed concern when they felt they had failed in portraying this image. Most of the subjects were very dependent upon their male mates but they also were extremely distrustful of them and of all men. All 16 subjects expressed high levels of fear, anxiety, confusion, and betrayal in relation to their batterers.

Nine of the 16 had elevated scores in the areas which addressed impulsiveness, poor judgment, manipulation, unreliability, immaturity, hostility, and drug or alcohol abuse. Six of the subjects also could be described as highly suspicious, guarded, ruminative, and overly sensitive. At least half of the subjects showed great concern in those areas which addressed tenseness, anxiety, ruminative thinking, preoccupation, obsessiveness, rigidity, self-condemnation, and guilt-proneness.

Most of the subjects felt inadequate and inferior. All subjects regardless of their scores on the various instruments expressed the anxious need for approval from those around them and from society as a whole. All subjects had experienced some form of depression or depressed feelings when they were living with their batterers. Five

of the subjects described themselves as currently very depressed.

Two subjects scored over 80 (three standard deviations above the norm mean) on the Schizophrenic (Sc) scale of the MMPI. Two standard deviations is clinically significant. These two subjects also had elevated scores on the Empirical Scales of the TSCS that indicated psychopathology. Eight of the subjects had considered suicide as an alternative to living with their batterers.

Research Question Two. What was the nature, extent and frequency of the spouse abuse that these women experienced? Six of the 16 subjects were battered or slapped during the time that they were dating their mates. The onset of battery for the other subjects ranged from one month to three years after they were married. The first year was a high risk time for the onset of spouse abuse.

Nine of the subjects were battered when they were pregnant. The subjects reported that arguments often began over their pregnancy or childcare. Many of the woman commented that having children seemed to change their relationships in a negative manner.

All the women stated that the batterings were becoming more frequent and severe. Many of them came into the shelter because they thought their batterers were going to kill them and they needed protection. A few felt that they might kill in self defense if they were beat again. Ten of the women were threatened with a weapon, i.e. lead pipe, stick, gun, knife. Seven were raped by

their batterers. All reported that the violence was escalating and they were living in fear.

Fourteen of the subjects stated that their batterers were drinking or using drugs when they attacked. Two subjects said their husbands would batter them without being under the influence of drugs or alcohol.

Research Question Three. What are the self-concept constructs of these battered women residents? These 16 subjects generally scored low in self-concept, self-esteem, and self-image. Most of the subjects scored well below the norm mean on the Total P score. Only four subjects were able to score on or above the normal population mean. Five subjects scored within one standard deviation below the mean. Seven subjects scored below one standard deviation from the norm mean. These seven scores were clinically significant from the normal population.

The group mean was lowest in those areas concerning Identity and Physical Self. The highest mean for the group was in the Moral-Ethical area. This was high for these subjects but below the norm mean. The group mean was 41.38 with a standard deviation of 9.68. This is close to but not below one standard deviation from the norm mean as measured by the TSCS. However, this mean score was statistically significant from the normal population at the .05 level.

Research Question Four. What are the locus of control constructs of these battered women residents? The mean for the entire group was 15.75 with a standard

deviation of 5.72. This was statistically significant when compared to other studies of community and female community subjects (mean of 10.96, S.D. 5.61 and mean of 11.43, S.D. 5.06). These women have a very high external locus of control. The group mean score in this present study is similar to the higher means associated with other studies with schizophrenics and alcoholics (Duke & Mullins, 1973; Nowicki and Hopper, 1974). Only five subjects in this study scored with an internal locus of control perception comparable to the norms mentioned for community and female community subjects.

Research Question Five. Is there a relationship between the battered women's psychological functioning profiles as assessed by the MMPI and their self-concept constructs? There were significant negative relationships between the Total P score and the following scales on the MMPI: Hs(-0.68), D(-0.66), Hy(-0.43), Pd(-0.67), Pt(-0.55), Sc(-0.52), Si(-0.53), and A(-0.63). These relationships were found to be significant at a probablity level of less than .05. Those subjects with a low self-concept tend to score higher in these clinical scales.

Research Question Six. Is there a relationship between the battered women's psychological functioning profiles as assessed by the MMPI and their locus of control constructs? There was a statistically significant positive relationship between the External locus of control scores and subjects' scores on the following scales: D(0.48), Pa(0.46), Si(0.49), and A(0.53). Those subjects who scored

high on external locus of control also scored high on the MMPI clinical scales. There was a statistically significant negative relationship between the External locus of control score and the Mf(-0.58) and Es(-0.64) scales. All relationships were tested at the .05 level. High scorers on external locus of control scored low on the MMPI Masculine-Feminine scale and the Ego strength scale. Subjects who are experiencing difficulty in the various clinical scales also seem to feel that they are externally controlled.

Research Question Seven. Is there a relationship between the self-concept and the locus of control constructs of these battered women? The negative relationship between the Total P score and the External score (-0.37) was not statistically significant at the .05 level. However, subjects who scored low on the self-concept scale tended to score higher on external scores.

Discussion of the Results

Many of the subjects were functioning at deficit levels as measured by the MMPI, the TSCS, and the ANS-IE. There is a possibility that these deficits are a result of or enhanced by periods of severe or long lasting physical and verbal abuse. The physical batterings and emotional abuse that these subjects experienced affected their psychological functioning in some manner. Most of these battered women presented psychological profiles that were similar to areas of seriously disturbed diagnoses

(depression, personality disorder, anxiety, paranoia, schizophrenia, hsyteria, neurosis). Psychological disturbances, low self-concept, and an external locus of control all contribute to severe problems in daily living, communication, decision-making, general happiness, intimacy in relationships, problem-solving skills, and judgment abilities.

These subjects' self-concept constructs were very low with problems across the scales in self-esteem and self-image. They feel inadequate, insecure, and worthless. They lack confidence and often feel they are "bad" people. These subjects also scored very high on external locus of control. They perceive themselves as significantly more externally controlled than a normative sample from the community or college subjects. They perceive that they cannot control events in their lives and they know that these events are not a consequence of their own actions.

Occasionally locus of control beliefs may be situationally induced by crisis; however, these beliefs are usually more general and resistant to change. Battered women often leave their husbands and return to them several times before they successsfully escape the violence cycle and decide to leave permanently. Several of the women in this study previously had left home to escape the violence and returned back home within a short time.

Several subjects in this study had very high external locus of control scores. Laboratory studies have demonstrated that subjects can be taught to become helpless and

feel that they are not able to make decisions or to change the events in their lives even when they are faced with extreme pain or death. These subjects had tried various methods to avoid the abuse and to appease their batterers. In most cases the violence continued and escalated in frequency regardless of the women's actions.

This study indicates that physical and psychological abuse are concomitant with each other in spouse abuse situations. Prisoners of war and hostages who have undergone similar psychological torture react as the subjects in this study are reacting. It has been theorized that the techniques used by batterers to control their wives are the same as the eight areas of abuse listed by Amnesty International for psychological torture (Walker, 1984).

These eight areas are (a) isolation, (b) exhaustion or interrupted sleep, (c) monopolize victim's perception with obsessiveness and possessiveness, (d) death threats to victim, friends or family, sham executions and other vague threats, (e) degradation and humiliation, calling names, and denying victim's powers, (f) administration of drug or alcohol, (g) altered states of consciousness, and (h) occasional indulgences which occur at random and variable times to keep hope alive that the torture will cease (Walker, 1984).

The women in this study discussed hoping that their batterers would change. All subjects described that their spouses were not always mean and violent. Most of their

husbands could be loving, considerate partners, and kind parents especially when they were not drinking or high on drugs. Most of the batterers were remorseful after the assaults and were afraid that they would lose their wives. Each husband wanted his wife to forgive him and come back to live with him. These moods and attitude changes were confusing to the women and tended to further complicate the situations.

This research combined case histories with personality measurement instruments to define areas that were questioned in the literature. The study described those deficits which battered women have in their psychological functioning when they enter a spouse abuse shelter for the first time. We continue to need to define whether these deficits are a result of the abuse or are these women dysfunctional prior to the battering relationship.

There were several common threads throughout the case studies that each woman discussed at length during the interviews. Most of the women were terrified that their batterers would find them and hurt them or abduct the children. They blamed themselves for the batterings and thought they should be able to control their batterers' temper or outbursts. They were often confused by this Dr. Jekyll/Mr. Hyde personality and they worried about why they could never seem to please their husbands.

Most of the women still felt that they loved their spouses. Several of the women mentioned that they were

mesmerized by their batterers. When they made contact and had a conversation with these men they felt manipulated into anger, fear, pity, or sympathy for the men's desperate needs and the control began again.

Several of the women knew very little about their batterer's backgrounds. They also usually did not know how much money the men made or what they actually did at work. A common complaint was in the area of communication. These couples never talked with each other. Each wife perceived that her husband demanded and gave her instructions and then negated her feelings or opinion. One woman was asked by a psychiatrist to open up to her husband and share her feelings. Her husband beat her for doing this and specifically mentioned that this was the reason for the assault. These women are not supposed to have worthwhile opinons according to their batterers.

During the first few battering episodes, most of the women hid their bruises or lied at the hospital emergency room when they were able to seek treatment. They would often stay in the house until the bruises faded. All maintained the overwhelming belief that their spouses would never let them go and that they would find them wherever they escaped. Most believed that their batterers could kill them and get away with the murder.

CHAPTER FIVE
CONCLUSIONS, IMPLICATIONS, SUMMARY, AND RECOMMENDATIONS

Conclusions

The following are the conclusions of this research with 16 battered women in a spouse abuse shelter:

1. The majority of these battered women were married to their batterers.

2. Battering was present in one-fourth of the women's childhood homes and in over half of the batterers' childhood homes.

3. Six of the women were battered by their batterers during the dating phase of their relationships.

4. Nine of the women were battered when they were pregnant.

5. The violence always escalated in frequency and severity over time for each relationship.

6. Fourteen of the batterers abused alcohol and/or drugs, predominantly alcohol.

7. Eight of the batterers were arrested for other offenses.

8. Weapons or the threat of a weapon were used by of most of the batterers.

9. Marital rape occurred in seven of the relationships.

10. Most of the women believed that the batterers could kill them. They also believed that they could help the men change their outbursts of batterings.

11. The batterer's excessive jealousy was always reported.

12. The women were isolated from family, friends, and outside contact.

13. Half of the woman seriously considered suicide.

14. These battered women were dysfunctional in several psychological areas with problems relating to fear, anxiety, distrust, poor interpersonal relationships, poor judgment, depression, poor motivation, low self-esteem, low self-confidence, a lack of ego strength, and poor coping skills. They also experienced fear of other's anger and a chronic need for approval from others.

15. Most of these women had low self-concepts and an external locus of control.

16. These women did take action to appease their batterers, to avoid the batterings, and/or to escape their batterers.

Implications

The results and conclusions of this study are directly applicable to shelter counseling programs. Women residents who are currently experiencing the numerous psychological deficits mentioned in the study may not be able to make important decisions affecting their lives unless these areas are addressed. Counselors in shelter

programs need to gain knowledge about the characteristics of both the victim and the batterer. Counselors who are unaware of the cycle process of battering and the batterer's attitude during the three phases can do more harm than good with a battered client.

Early shelter counseling programs trained their staff to teach battered women clients assertiveness training in hopes of developing their self-concept and other problem solving skills. This was an effective technique to handle community responses; however, if the battered women returned to their own homes and were assertive, their husbands would beat them for talking back.

Each counselor must understand the effects of abuse on a human being, the dynamics of victimization, and the concept of learned helplessness. Battered women clients require patience and understanding. Action oriented counseling, active advocacy, and behavior modification techniques may be more successful than insight oriented therapy with these clients. Battered clients or residents need to feel safe and be capable of supplying their own basic necessities, i.e. food, shelter, for themselves and their children before they are able to handle personality and psychological issues.

The simple act of accompanying a woman to court as an advocate during the first legal hearing or helping her to obtain a protection order may begin a chain of successful experiences for her. Accompanying her to a doctor's

office as an emotional support person may accomplish the same results.

Group therapy or peer groups may be an efficient and effective form of counseling. Group therapy can provide the support and approval that these clients need from others. It provides them with a safe arena to practice new behaviors without the risk of being assaulted. This form of therapy also breaks the isolation that has been enforced in her marital home. These various forms of advocacy and counseling are part of the developmental process leading to the use of more insight oriented therapies.

Shelter counselors must continue to develop their therapeutic skills to be able to handle the dependency and lack of motivation that battered women experience. They are distrustful and suspicious; they are often hostile to those who are trying to help them. These clients may be unreliable, forgetful, preoccupied, and not follow through with tasks and appointments. Battered women are usually behaving as people who have been brainwashed and they can rehabilitate themselves when they have help and resources in the community.

Summary

The goals of this study were to identify the psychological functioning of battered women in shelter with specific emphasis on those areas that were presently deficits and those same subjects' self-concept and locus of

control perceptions. The structured interviews also explored the effects of violence in their daily lives.

Case study narratives and individual and group information were presented for 16 residents of a spouse abuse shelter who participated in structured interviews and completed a 12 page questionnaire, the MMPI, the Tennessee Self-Concept Scale, and the Adult Nowicki-Strickland Internal-External locus of control scale.

All subjects were battered and had never resided in a spouse abuse shelter prior to this time. Most of the subjects were married to their batterers and most had children with these men. Half of the subjects had finished high school and half had quit school. Most were unemployed and the remainder had minimal wage jobs.

Alcohol and drug use, predominantly alcohol, was present with most batterers. The violence escalated in frequency and severity over time. Most women felt that their batterers could kill them and the threat of a lethal weapon was often present in the battering episodes.

Results revealed personality profiles that could indicate a post-battering personality with psychological deficits in various areas. A majority of the subjects had elevated scales in areas that described less than normal, healthy psychological functioning. The subjects were usually very low in self-concept and high in external locus of control. Most of the subjects were fearful, anxious, distrustful, confused, and felt betrayed. They often

described themselves as passive and dependent. Several were depressed and half had seriously considered suicide as an escape.

These results provide beginning baseline data and demonstrate the need for further longitudinal research in this area. Extended followup studies on battered women residents such as these subjects are needed to determine whether these psychological deficits are eventually overcome when they are no longer in a violent marriage. Longitudinal research also is needed to define the pre-violent marriage psychological functioning of battered women. Do battered women have dysfunctional psychological areas as a result of their childhood experiences that influence their choices of mates and choices of behavior once in a spouse abuse marriage or is there a post-battering personality which is a result of the battering?

This study also did not directly address learned helplessness and its relationship to the other variables researched. Research in this area and the effects of early social conditioning on battered women is of special interest.

Recommendations

There are few conclusive studies concerning battered women and their psychological characteristics. Earlier studies blamed the victim for her abuse. More recent theories postulate that battered women have psychological characteristics similar to prisoners of war or

victims of brainwashing techniques. Long term followup studies are needed to assess the changes which occur in these characteristics as a battered woman escapes her violent home and rebuilds a healthy, nonviolent life for herself and her children.

This is a relatively new and pioneering area of research. Most of the subjects in this study had the expected low self-concepts and external locus of control perceptions. Other very recent studies have found different results using different instruments. The instruments in this study were chosen because of their ease of administration and their readability. Other instruments reviewed especially those concerning locus of control were rejected because of their difficult reading level.

Self-concept and locus of control constructs may be stable and not easily changed. To lead an effective and healthy life most of these subjects may need to improve their perceptions in these areas. Action oriented counseling and active advocacy (helping the woman with her various legal, medical, social problems in the community) may be more effective at the beginning stages of residency in a shelter. Learning to handle the local food stamp worker effectively can do wonders to build the self-concept of a battered wife who needs food for her children. She begins to discover that she can provide for herself and her children. It has been mentioned that insight oriented psychotherapy may not be the treatment of choice for some of these subjects during this stage of

their rehabilitation. Other subjects' scores on the research instruments indicated severe clinical problems that could be amenable to chemotherapy.

This was one of the first studies to assess all these factors together for battered women in shelter. No causal relationships can be assumed in the descriptions. Significant relationships between the scores in the different areas of concern were described. These results are a description of this particular sample and cannot be generalized to all battered women.

APPENDIX A
STRUCTURED INTERVIEW FORM

Note: Because of space limitations, the following Questionnaire as reproduced here is correct as to content but not as to form.

DATE: _____

This questionnaire was written specifically for women who have been battered or physically abused by men with whom they have lived. These questions ask you about your experiences with a man you lived with, whether married to each other or not. For simplicity, the word "spouse" will be used for the man who most recently physically abused or was violent toward you. If your answers require additional space, please attach extra pages as needed.

I. PERSONAL DATA

For each question below, please circle the number or letter which gives your answer. Where there are blanks, please write out the answer. In some cases, a check mark will be asked for. If you don't understand the question, please indicate that, too.

1. What is your:
   a. Age: _____
   b. Height: _____
   c. Weight: _____
   d. Ethnic group:
      1. White, Caucasian
      2. Black, Negro
      3. Mexican-American
         Chicana
      4. Asian American
      5. Other (please specify) _____

2. Is your spouse (the man who battered or physically abused you) your:
   1. Husband or ex-husband
   2. Lover or ex-lover
   3. Someone else (who?): _____

   a. If you were married to each other, what was the date of the marriage? _____

3. When was the first time you saw him behave violently? (approximate date) _____

4. What did he do?_____

_____

_____

5. What did you feel or do about it? _____

_____

_____

6. Are you now separated from your spouse?
   1. No (if no, skip to No. 7)
   2. Yes (for how long?) _____

7. How long have (had) you lived with him? _____

8. Prior to this time, have you ever left him?
   1. No (if no, skip to No. 9)
   2. Yes
      a. How many times have you left him?_____
      b. What was the longest time you stayed away?
      _____
      c. Where did you go? _____
      d. Why did you return?_____
      _____

9. Have you ever been married to someone else?
   1. No (if no, skip to No. 10)
   2. Yes

      a. How did that marriage end?
         1. Divorce
         2. Separation
         3. Death
         4. Other (please explain): _____
         _____

10. Were you ever assaulted by any other man?
    1. No (if no, skip to No. 11)
    2. Yes

       a. What was that man's relationship to you?
       _____
       b. When did he assault you? _____
       _____
       c. What did he do? _____
       _____

11. Do you have any children?
    1. No (if no, skip to No. 12)
    2. Yes (if yes, please fill in the blanks below regarding your children)

AGE	SEX	LIVE WITH YOU	IS THIS CHILD YOUR SPOUSE'S STEP CHILD
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Do you have any step-children who have made their home with you?
    1. No
    2. Yes (how many?) _____

13. How many children were in the family you grew up in? _____(count yourself)

14. Counting down from the eldest, which number were you? _____

15. When you were 16, did both your parents live in the same house where you lived?
    1. Yes
    2. No (please explain: divorced, widowed, separated, etc.) _____

16. Are your parents now:
    1. Married to each other
    2. Separated
    3. Divorced
    4. Widowed
    5. Don't know
    6. Other (explain): _____

17. Was there physical violence between your parents?
    1. Never
    2. Very seldom
    3. Occasionally
    4. Often
    5. Very often
    6. Don't know

18. Did you ever see or hear your mother being beaten by your father?
    1. No
    2. Don't remember
    3. Yes (describe): _____
       _____

19. When you were a child, were you physically punished?
    1. Never (if never, skip to No. 20)
    2. Very seldom
    3. Occasionally
    4. Often
    5. Very often

    a. What kind of physical punishments?
       0. None
       1. Mild (occasional slap, etc.)
       2. Moderate (spankings, etc.)

3. Extremely severe (beatings, etc.)

b. If you were beaten as a child, who usually did this to you? _____

20. What was the religion in the family where you grew up?
1. Protestant
2. Catholic
3. Jewish
4. None
5. Other (specify): _____

21. Did your family attend religious services:
1. Very often
2. Occasionally
3. Seldom
4. Never

22. Do you consider yourself today as:
1. Very religious
2. Somewhat religious
3. Not at all religious

a. If religious, what denomination? _____
_____

23. Please pick the word that you think best describes your childhood home:
1. peaceful
2. sad
3. secure
4. hateful
5. troubled
6. happy
7. violent
8. loving
9. other (describe): _____

24. What is the general condition of your health?
1. Excellent (skip to No. 25)
2. Average
3. Poor

a. If average or poor, please describe any condition(s) which cause your health to be less than perfect? _____
_____

b. Do you have any kind of chronic physical condition for which you take medically prescribed drugs or other medicines? (circle as many as apply)
1. Heart disease
2. Epilepsy
3. Diabetes
4. Arthritis
5. Migraine headaches
6. Other (specify): _____

25. Do you use other drugs for pleasure or mood changes?
    1. Never (skip to No. 26)
    2. Occasionally
    3. Very often
    4. To the point where you may be addicted
        a. What kind of drugs? _____
        _____

26. Do you drink alcoholic beverages?
    1. Never
    2. Occasionally
    3. Very often
    4. To the point where you may be an alcoholic

27. Did you ever think seriously about committing suicide?
    1. No (if no, skip to No. 28)
    2. Yes

        a. What was the approximate date(s)? _____
        _____

        b. Was there a specific event which took place about that time that led you to think seriously about the possibility of committing suicide?
            1. No
            2. Yes (what had happened?) _____
            _____
            _____

        c. Was there a particular method you considered for taking your own life?
            1. No (if no, skip to No. 28)
            2. Yes (what was it) _____
            _____
            _____

        d. Did you ever make an actual attempt at suicide?
            1. No (please explain what stopped you from making an attempt): _____
            _____
            _____
            2. Yes (please explain what happened): _____
            _____
            _____
            _____
            (Were you hospitalized or treated by a doctor?) _____
            (Did anyone try to find out <u>why</u> you did this, or give you counseling?) _____
            _____

28. Did you and your spouse engage in sexual intercourse:
    1. Very seldom
    2. Occasionally
    3. Often
    4. Very, very often
        a. About how many times a month? _____

29. Would you rate <u>your</u> satisfaction from sexual intercourse with your spouse as mostly:
    1. Extremely satisfying
    2. Satisfying (about average)
    3. Extremely unsatisfying (why?) _____
    _____

30. During interviews, some women mentioned some things about their sexual relationships with their spouses which they feel were unusual or strange. Are there any comments you feel are important to add?
    1. No
    2. Yes (explain) : _____
    _____
    _____

31. What was the highest grade in school you <u>completed</u>?

Grade school:	1	2	3	4	5	6	7	8
High school:	1	2	3	4				
College:	1	2	3	4				
Post graduate:	1	2	3	4				

Highest degree held: _____

32. Did you have any other kind of education, such as vocational training, nurses aide, etc.?
    1. No
    2. Yes (what kind?): _____
    _____

33. Are you now employed outside the home?
    1. Yes
        a. Job title, or what type of work do you do?
        _____
        b. Is it: _____ full time, or
        _____ part time (please check)
        c. What is your approximate take-home pay, in other words, your income after taxes and other deductions, your net income per month?
            1. Less than $300
            2. $300 to $600
            3. $600 to $900
            4. $900 to $1,500
            5. Over $1,500

    2. No
        a. Have you ever worked at a paid job?
            1. No (if no, skip to No. 34)
            2. Yes
        b. When were you last employed? _____
        c. What kind of work did you do? _____
        _____
        d. What was your approximate take-home pay per month (your net income)? _____

e. Was this _____ full time, or
_____ part time (please check)

II. DATA REGARDING SPOUSE

I realize you may not know all the answers to these questions asking you about the man who assaulted you, but I want you to answer all that you do know. If you really don't know -- don't guess, just say so. If you believe you know, but aren't really positive, put a question mark (?) after your answer. Any other answers, then, I will feel that you have good reason to know you're right.

1. What is your spouse's:
   a. Age: _____
   b. Height: _____
   c. Weight: _____
   d. Ethnic group:
      1. White, Caucasian
      2. Black, Negro
      3. Mexican-American, Chicano
      4. Asian American
      5. Other (please specify): _____

2. Was he ever married to someone else?
   1. No (if no, skip to No. 3)
   2. Don't know (skip to No. 3)
   3. Yes

      a. How did that marriage end?
         1. Divorce
         2. Separation
         3. Death
         4. Other (please explain): _____
         _____

      b. How long did that other marriage last? _____
         _____

      c. Was he physically violent to another wife?
         1. No
         2. Don't know
         3. Yes (were you aware of this before you began living with him?) _____

      d. Does he have any children by a former marriage?
         1. No
         2. Don't know
         3. Yes (how many?) _____

3. How many children were in the family he grew up in?
   _____ (count him, too)

4. Counting down from the eldest, which number was he?
   _____

5. When he was 16 years old, did both his parents live in the same house where he lived?
   1. Yes
   2. Don't know
   3. No (explain: divorced, widowed, separated, etc.)

   _____

6. Are his parents now:
   1. Married to each other
   2. Separated
   3. Divorced
   4. Widowed
   5. Don't know
   6. Other (explain): _____

7. Was there physical violence between his parents?
   1. Never
   2. Very seldom
   3. Occasionally
   4. Often
   5. Very often
   6. Don't know

8. Did he ever see or hear his mother being beaten by his father?
   1. No
   2. Don't know
   3. Yes (describe): _____

   _____

   _____

9. When he was a child, was he physically punished?
   1. Never
   2. Very seldom
   3. Occasionally
   4. Often
   5. Very often
   6. Don't know

   a. What kind of physical punishment?
      0. None
      1. Mild (occasional slap, etc.)
      2. Moderate (spankings, etc.)
      3. Extremely severe (beatings, etc.)
   b. If he was beaten as a child, who usually did this to him? _____

10. Do you believe he received unusual or harsh types of punishments when he was a child?
    1. No
    2. Don't know
    3. Yes (describe): _____

    _____

11. Did he have physical fights with his brothers or sisters when he was a youngster? (If an only child,

with other kids?)
1. Never
2. Occasionally
3. Very often
4. Don't know

12. What was the religion in the family where he grew up?
1. Protestant
2. Catholic
3. Jewish
4. None
5. Other (specify): _____
6. Don't know

13. Did his family attend religious services:
1. Frequently
2. Occasionally
3. Seldom
4. Never
5. Don't know

14. Do you consider him today as:
1. Very religious
2. Somewhat religious
3. Not at all religious

a. If religious, what denomination? _____

15. Please pick the word that you think best describes his childhood home:
1. peaceful
2. sad
3. secure
4. hateful
5. troubled
6. happy
7. violent
8. loving
9. other (describe): _____
10. don't know

16. What is the general condition of his health?
1. Excellent (skip to No. 17)
2. Average
3. Poor

a. If average or poor, describe any condition(s) which cause his health to be less than perfect?

_____

_____

b. Does he have any kind of chronic condition for which he takes medically prescribed drugs or other medicines? (circle as many as apply)
1. Heart disease
2. Epilepsy
3. Diabetes

4. Arthritis
5. Migraine headaches
6. Other (specify): _____

_____

17. Does he use other drugs for pleasure or mood changes?
1. Never (skip to No. 18)
2. Occasionally
3. Very often
4. To the point where he may be addicted.

a. What kind of drugs? _____

_____

18. Does he drink alcoholic beverages?
1. Never
2. Occasionally
3. Very often
4. To the point where he may be an alcoholic

19. When he battered you, was he under the influence of: (circle as may as apply)
1. Always alcohol
2. Sometimes alcohol
3. Always drugs
4. Sometimes drugs
5. Definitely no alcohol or drugs
6. Don't know if alcohol or drugs were involved
7. Other (explain):_____

20. Is your spouse a "dry alcoholic", in other words, a man who used to drink very heavily, but who now doesn't drink any kind of beer or liquor?
1. Yes
2. Don't know
3. No

21. Is your spouse a former drug addict who is now a non-user?
1. Yes
2. Don't know
3. No

22. Do you believe there is any connection <u>at all</u> between his use of alcohol or any other drug (whether prescribed medicine or not), and his use of violence toward you?
1. No
2. Don't know
3. Yes (explain): _____

_____

23. Do you know of any other violent acts he has committed toward other people, animals or objects?
1. No

2. Don't know
3. Yes (describe): _____

_____

_____

24. Did he ever serve in the military forces?
    1. No (if no, skip to No. 25)
    2. Don't know
    3. Yes

    a. What branch of the service was he in?

    _____

    b. For how long? _____
    c. What was his rank? _____
    d. Did he have combat duty?
        1. No
        2. Don't know
        3. Yes (where?) _____

        _____

    e. Was he injured while in the service?
        1. No
        2. Don't know
        3. Yes (describe): _____

        _____

    f. What kind of discharge did he receive?

    _____

25. Has he ever been arrested on any charges <u>other</u> than assaulting you?
    1. No
    2. Don't know
    3. Yes (what were the charges?) _____

    _____

    _____

26. Did he ever plead guilty to a crime, or was he ever convicted of a crime (other than assaulting you)?
    1. No
    2. Don't know
    3. Yes (what crime?): _____

    _____

27. What was the highest grade in school he <u>completed</u>?

Grade school:	1	2	3	4	5	6	7	8
High school:	1	2	3	4				
College:	1	2	3	4				
Post graduate:	1	2	3	4				

    Highest degree held: _____

28. Did he have any other kind of education, such as vocational training, mechanics, etc.?
    1. No
    2. Don't know
    3. Yes (specify): _____

    _____

29. What is his job title, or what kind of work does he do?

_____

_____

30. Is he presently employed?
    1. No (if no, skip to c.)
    2. Don't know
    3. Yes

    a. Is this work: _____ full time, or
       _____ part time (please check)
    b. What is his approximate take-home pay, that is income after taxes and other deductions, his net income per month?
       1. Less than $300
       2. $300 to $600
       3. $600 to $900
       4. $900 to $1,500
       5. Over $1,500
       6. Don't know
    c. If he is not now employed, what are the sources of his income? _____

       _____

31. Do (did) you and your spouse own the home you lived in together?
    1. No
    2. Yes (approximate value): _____

32. What is the distance between the home you share(d) with your spouse and any of your own relatives? _____

_____

33. During interviews, some women mentioned that their spouses showed what they felt was a great interest in pornography. Does your spouse enjoy porno movies, books, magazines, etc.?
    1. No
    2. Don't know
    3. Yes (please tell what you know about it. If too detailed for this questionnaire, but you feel pornography may have something to do with your spouse's behavior, contact me at the telephone number on the cover letter.) _____

       _____

       _____

34. Finally, do you know of any reason WHY your spouse has been violent with you? (Write your comments below, and attach another page if necessary).

III. NATURE OF INJURIES

1. What physical injuries have you received from your

spouse? Please describe as well as you can. For example: severe bruises on back and arms, broken bones (which ones), cuts, black eye(s), etc., -- whatever it was that resulted from a battering.

_____
_____
_____
_____

2. Did you try to hide your injuries?
   1. No (if no, skip to No. 3)
   2. Yes

      a. How did you hide your injuries? _____
      _____
      _____

3. How often were you attacked?
   1. Once
   2. Occasionally (about how many?) _____
   3. Regularly:
      a. Once a month or less
      b. About once a week
      c. More than once a week
      d. Other (explain) :_____
      _____

4. How long did an attack last?
   1. Once blow
   2. Short time (less than five minutes)
   3. Sometimes short time, other times very long
   4. Prolonged beating (describe): _____
      _____

5. Below is a scale so that you show about how severe you feel this (or these) attacks were. Please circle the number you feel best describes what happened. No. 1 is the <u>least</u> painful, and No. 9 is the <u>most</u> painful.

1	2	3	4	5	6	7	8	9
(minor slap or shove)			(moderate-ly severe)				(you felt he might kill you, or you be came un-conscious)	

6. Was there a particular part of your body which he usually struck?
   1. No
   2. Yes (which part?)
      a. Head, face, neck
      b. Upper torso (breast, arms, back, etc.)
      c. Lower torso (belly, genitals, legs, buttocks, etc.)

d. Other (specify): _____

7. Were you ever sexually assaulted by him? (Forcible rape is an assault)
   1. No
   2. Yes (about how often?) _____

8. Were you pregnant at the time you married him?
   1. Yes
   2. No
   3. Not married to him

9. Were you ever battered by him when you were pregnant?
   1. Yes
   2. No
   3. Not pregnant during time you lived together
   4. Don't remember

10. In your judgment, what factors are responsible for causing the battering(s)? (Circle as many as apply)
   1. Argument over money
   2. Argument over in-laws
   3. Your pregnancy
   4. His jealousy
   5. Your jealousy
   6. Your housekeeping
   7. Child care
   8. Other (specify): _____
   _____

11. Did long verbal arguments go on before the attacks?
   1. Yes, always
   2. Yes, sometimes
   3. No

12. Did you say or do anything to trigger the attacks?
   1. No (explain): _____
   _____
   2. Yes (explain): _____
   _____

13. Did you say or do anything to try to prevent the attack(s)?
   1. No (explain): _____
   _____
   2. Yes (explain): _____
   _____

14. Do you think you deserved the beating(s)?
   1. No
   2. Yes

   a. Explain your response above: _____
   _____
   _____
   _____

15. Once an attack began, did you strike him back or try to defend yourself?
    1. No
    2. Yes

        a. Explain your response above: _____
        _____
        _____
        _____

16. Did the beatings increase or decrease in number and/or amount and type of violence since you began living together?
    1. Increased in number and increased in violence
    2. Increased in number but stayed the same in violence
    3. Didn't increase in number, but beatings got more violent
    4. Didn't increase in number, but beatings got less violent
    5. Stayed about the same
    6. There was one attack; no second time

17. Were you mostly beaten:
    1. By hand or fist
    2. By instrument (what kind?) _____
    3. By both
    4. Other (explain): _____

18. Were you ever threatened with a weapon?
    1. No (skip to No. 19)
    2. Don't remember (skip to No. 19)
    3. Yes

        a. What kind of weapon?
            1. Gun
            2. Knife
            3. Other (explain): _____

19. Did your spouse ever use a weapon on you?
    1. No
    2. Yes

        a. What kind of weapon?
            1. Gun
            2. Knife
            3. Other (explain): _____

20. Did you ever threaten him with a weapon?
    1. No
    2. Yes

        a. What kind of weapon?
            1. Gun
            2. Knife
            3. Other (explain): _____

21. Did you ever use a weapon on him?
    1. No
    2. Yes

        a. What kind of weapon?
            1. Gun
            2. Knife
            3. Other (explain): _____

22. What was your reaction to being beaten? (circle as many as apply)

1	Surprise	9	Trapped
2	Shame	10	Self-blame
3	Fear	11	Depression
4	Relieved	12	Humiliated
5	Powerless	13	Guilty
6	Unattractive	14	Outrage
7	Revengeful	15	Confused
8	Hatred	16	Alone
17	Unworthy		
18	Other (specify): _____		

23. If you circled three or more of the above, please choose the three words which best express your feelings. Place them in order of importance below, with No. 1 being the strongest feeling, etc.
    No. 1 _____
    No. 2 _____
    No. 3 _____

24. Did you ever go to a relative or close friend and tell them about the beating(s)?
    1 No (why not?) _____
    2 Yes

        a. Who did you go to? _____
        b. What did they advise you to do? _____
        c. Did they offer you any help? (describe):
        _____
        _____

25. Did you threaten divorce?
    1. No
    2. Yes

        a. Explain your reasons for the response above:
        _____
        _____

26. Was any adult present when the beating(s) took place?
    1. No (skip to No. 27)
    2. Yes

        a. Who was this person? _____
        b. What did they do? _____

27. Was there a child or children present when your beating(s) took place?
    1. No
    2. Yes (who?): _____

28. If there were children living in the home you shared with your spouse, were they ever battered by him? (If no children, skip to next page)
    1. No (skip to No. 29)
    2. Yes (who?): _____

    a. Was the child-beating:
        1. Severe
        2. Moderate
        3. Mild
    b. Was a child or children beaten around the same time that you were attacked?
        1. No (skip to No. 29)
        2. Yes
    c. Was the child-beating directly connected with the attack on you? In other words, did the child somehow get into the middle of things, try to defend you, etc.?)
        1. No
        2. Yes (what happened?): _____
        _____
        _____

The following questions are very personal, but please try to answer them as objectively as you can. Remember, your answers are strictly confidential, there are no "right" and no "wrong" answers, and no one is making any judgments about you. Please give the answers which best describe your treatment of your child or children.

29. Can you give an example of how you usually discipline your child or children? _____
    _____
    _____

30. Do you physically discipline your child(ren)? (spank, hit, etc.)
    1. No (skip to No. 31)
    2. Yes

    a. Please indicate how hard, and how often:

DEGREE OF PUNISHMENT		FREQUENCY	
1	Severely (very hard)	1	Frequently (daily or more often)
2	Moderately (average)	2	Occasionally (about once a week)
3	Mildly (very light)	3	Seldom (less than once a week)

31. Has any child living in the household you shared with your spouse ever required the attention of a medical doctor or hospital care because of physical punishment given by you OR your spouse?
    1. No (skip to No. 32)
    2. Yes (please describe the injuries): _____
    _____
    _____

    a. Which one of you inflicted the injuries on the child? _____
    b. Was there any official action taken? (questioning, police report, charges placed, etc.)
        1. No (why not?) _____
        _____
        2. Yes (what happened?) _____
        _____
        _____

32. Has any child who lived in the household you shared with you spouse ever struck you?
    1. No (skip to next page)
    2. Yes

    a. How old was this child at the time? _____
    b. Boy or girl? _____
    c. What happened? _____
    _____
    _____

IV. COMMUNITY RESPONSE

1. Did you ever receive medical treatment for injuries suffered in a beating from your spouse?
    1. Never (please answer a. only below)
    2. Once (answer b. through f. below)
    3. More than once (how many times?) _____ (answer b. through f. below)

    a. If never, was there ever a time that you felt your injuries required medical treatment, but you couldn't go for care?
        1. No (if no, skip to No. 2)
        2. Yes (why were you unable to get care? circle as many as apply)
            1. No money
            2. No care or way to get there
            3. You didn't want outsiders to know
            4. He wouldn't let you go
            5. Other (explain): _____
            _____
            _____

            (now go on to question No. 2)

b. If you did receive medical care, where did you go?
   1. Hospital
   2. Doctor's office
   3. Clinic
   4. Other (explain): _____
   _____

c. Did anyone where you went for medical care ask you how you received your injuries?
   1. No
   2. Yes (what did you tell them?) _____
   _____

d. Did you volunteer to tell anyone what caused your injuries?
   1. Yes
   2. No (why not?) _____
   _____

e. If you told them how you received your injuries, did they: (circle as many as apply)
   1. Advise you of your legal rights
   2. Refer you to police
   3. Refer you to a social work agency
   4. Refer you to a prosecutor
   5. Refer you to a marriage counselor
   6. Refer you to a psychiatrist
   7. Treat you courteously and kindly
   8. Seem indifferent
   9. Seem to blame you, or embarrass you (explain) : _____
   _____
   10. Give you any other kind of advice about what you should do (explain) : _____
   _____
   _____

f. If you went to more than one place for medical treatment for injuries, please describe the places and how they acted toward you: _____
_____
_____

2. Did you ever report an assault on you by your spouse to the police?
   1. No (why not?) _____
   _____
   _____(skip to question No. 4).
   2. Yes, once (give approximate date): _____
   3. Yes, more than once (please list below the approximate dates (month and year) that you called for police protection. If there were two or three occasions, write the dates. If there were more than three, please include only the three that stand out clearest in your memory.

	MONTH	YEAR
#1	_____	_____
#2	_____	_____
#3	_____	_____

If you called the police more than once, in questions b. to e. below, write after your responses the number of the attack for which the answer best describes police attitudes or behavior. For example, police response to call #1 may have been "polite but firm", and for attack #2 their attitude may have been "sympathetic".

a. If you called the police during or after an attack, did they respond by coming to the place where the battering occurred?
   1. Always
   2. Sometimes
   3. Never

   a. When they did not come, what was the reason given for not coming? _____
   _____

b. Did they come:
   1. Immediately # _____
   2. Quickly (less than an hour) # _____
   3. Slowly (more than an hour) # _____
   4. Did not come # _____

c. If your spouse was there when police arrived, what was their attitude or behavior toward him? (circle as many as apply)
   1. Concerned and helpful # _____
   2. Polite but firm # _____
   3. Rude, hostile or blaming # _____
   4. Sympathetic # _____
   5. Tough or aggressive # _____
   6. Neutral # _____
   7. Other (explain): _____
   _____ # _____

d. When police arrived, did they: (circle as many as apply)
   1. Arrest him # _____
   2. Warn him # _____
   3. Advise you of your rights # _____
   4. Urge you to press charges # _____
   5. Refer you to legal aid # _____
   6. Tell you that you could go to a shelter for women # _____
   7. Refer you to another social agency (which one?) _____ # _____
   8. Other (specify): _____
   _____ # _____

e. What was the attitude and behavior of the police toward you? (circle as many as apply)
   1. Concerned and helpful # _____
   2. Concerned but not helpful # _____
   3. Rude, hostile or blaming # _____
   4. Sympathetic # _____
   5. Tough or aggressive # _____
   6. Neutral # _____
   7. Other (explain):_____ # _____
   8. Not helpful because: _____ # _____

3. Did you request that your spouse be arrested?
   1. No (why not?) _____
   2. Yes (what happened?) _____

   a. If he was ever arrested, did you press charges?
      1. Yes (what happened?) _____
      2. No (why not?) _____

   b. If he was arrested, and you pressed charges, did the case go to trial?
      1. Yes (was he convicted?) _____
      2. No (at what point were charges dropped?) _____
      Why? _____

4. If you went to any of the law agencies for assistance (district attorneys, lawyers, judges, etc.), what was their response to you and your problems? Were they:
   1. Kind and polite
   2. Rude or nasty
   3. Indifferent
   4. Insulting
   5. Understanding and helpful
   6. Neutral
   7. Did not go to any law agencies
   8. Other (specify):_____

   a. Did any law agencies give you assistance?
      1. No
      2. Yes (describe): _____

   b. Who did you go to? (for example, a private attorney, legal aid, etc.) _____

5. Did you ever go to any social service agency to request help?
   1. No (skip to No. 6)
   2. Yes (please list the names of the agencies and briefly note their response to you) _____

      _____

      _____

      _____

      a. If you are now, or have stayed, at a shelter for women, how did you learn about it? _____

         _____

6. Did you ever seek help from a psychiatrist, analyst, or psychologist and tell about the battering?
   1. No (skip to No. 7)
   2. Yes

      a. What kind of a specialist did you go to?

         _____

      b. What was the outcome? _____

         _____

7. Did you ever seek help from a clergyman, and tell him about the battering?
   1. No (skip to No. 8)
   2. Yes (what advice did you get?) _____

      _____

8. Did you ever go to a marriage counselor for help and tell about the battering?
   1. No (skip to No. 9)
   2. Yes (what advice did you get?) _____

      _____

9. Have you gotten, or are you going to get, a divorce from this man? (If unmarried to him, are you planning to live separately?)
   1. Yes
   2. Unsure
   3. No

      a. Please explain reasons for the above response:

         _____

         _____

         _____

         _____

10. Do you believe your spouse earns enough income to support your children if you get a divorce?
    1. No
    2. Unsure
    3. No children by him
    4. Yes

a. If yes, do you believe he will make child support payments?
   1. Yes
   2. Unsure
   3. No

   Please explain reasons for the above responses:

   _____
   _____
   _____

11. Do you believe you can earn enough income to support yourself and your children if you get a divorce?
   1. Yes
   2. Unsure
   3. No

12. Do you have any relatives who would be <u>able</u> to give you (and your children, if you have any), a place to stay?
   1. Yes (who?) _____
   2. Unsure
   3. No

13. Do you have any relatives who would be <u>willing</u> to give you (and your children, if you have any), a place to stay?
   1. Yes (who?) _____
   2. Unsure
   3. No

14. If you have been battered more than once, what are (or were) your reasons for continuing to live with him?

   _____
   _____
   _____
   _____
   _____

15. People are complex beings, and so is our society. I have tried to cover a lot of ground in hopes of understanding what goes on in individual lives. If there is any question NOT asked here which you feel needs to be asked, please help by telling what you think should be asked. Then, tell what your answer would be.

In addition, if you think there are any special circumstances about your own life or situation which should be mentioned, please write it below. If you feel that would be too difficult to do, or this questionnaire hasn't given you the opportunity to really express yourself, please call or write me, and we can set up a meeting so you can talk about it. My address and telephone number are on the cover letter.

THANK YOU VERY, VERY MUCH FOR YOUR KINDNESS AND HELP. I WILL TRY TO REPAY YOUR KINDNESS BY WORKING HARD FOR A BETTER UNDERSTANDING OF VIOLENCE AND ITS CAUSES. MANY OTHER PERSONS BESIDES MYSELF BELIEVE THAT ONLY BY EXPOSING AND STUDYING VIOLENCE CAN IT BE ELIMINATED.

THE VERY BEST WISHES TO YOU IN THE FUTURE, AND I SINCERELY HOPE THAT THE BEST DAYS OF YOUR LIFE ARE AWAITING YOU. THANK YOU.

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

The purpose of this study is to learn more about adult women who have been physically battered by their spouses or conjugal partners. You will be asked to fill out three instruments (the Minnesota Multiphasic Personality Inventory, the Tennessee Self-Concept Scale, and the Adult Nowicki Strickland-Internal External Scale). You will also be asked to take part in several taped interviews. The first interview is approximately two hours in which a personal history and a history of the physical abuse you received from your partner will be obtained by structured questionnaire form. Other interviews will be with the same researcher and will go into detail on each section of the questionnaire. To protect your privacy, no information will be published in the results of this study that would identify you personally.

Some of the questions may be hard to answer because of your feelings about these questions. You have the right to not answer any question(s) or to stop participating in the study at any time and your information will not be used. Your involvement in this study is voluntary and you will be not be reimbursed. If you wish to have information on your inventory scores, you may have these upon completion of the study.

If you have any questions about the above procedures, please feel free to ask the investigator, Judy Wilson.

Judy K. Wilson, Creative Services Inc, Ocala, Fla.
Principal Investigator
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APPENDIX C
INDIVIDUAL AND GROUP DATA ON MMPI, TSCS, AND ANS-IE

Table C-1
Individual T Scores on MMPI Scales

Subject	L	F	K	Hs	D	Hy	Pd	Mf	Pa	Pt	Sc	Ma	Si
ANNE	56	55	40	42	45	43	43	44	61	44	44	64	54
BETTY	45	73	38	60	59	68	71	38	82	58	70	73	64
CAROL	40	61	49	50	40	67	71	37	70	60	63	81	45
DOTTY	45	73	40	68	65	63	62	55	65	61	69	58	72
EVE	50	68	55	58	92	59	90	24	70	84	80	58	78
FRAN	53	58	51	56	57	54	46	37	55	48	55	55	51
GINNY	53	64	49	62	49	61	67	66	67	50	67	64	44
HELEN	53	75	40	80	76	63	88	43	66	69	58	70	61
IRENE	45	68	53	64	80	64	70	47	64	70	64	45	82
JUDY	50	74	53	67	80	80	90	43	79	92	91	81	69
KATHY	52	68	49	56	59	64	71	51	79	70	75	60	64
LIZ	56	58	44	61	51	61	62	34	47	46	49	58	58
MYRA	50	46	42	50	55	42	42	44	53	53	52	43	67
NORA	55	64	55	45	76	68	71	41	100	78	75	47	73
OLGA	50	54	55	50	63	59	64	82	56	74	60	70	48
PAT	59	47	48	50	61	64	71	41	67	50	47	50	65

Table C-1 --extended

Subject	A	R	Es	MAC
ANNE	48	45	46	62
BETTY	68	36	20	100
CAROL	48	38	51	48
DOTTY	61	53	43	53
EVE	67	62	32	55
FRAN	42	58	50	47
GINNY	48	41	45	70
HELEN	58	44	48	68
IRENE	60	62	47	59
JUDY	68	44	26	83
KATHY	58	39	30	68
LIZ	48	46	39	59
MYRA	57	57	36	53
NORA	62	68	30	39
OLGA	51	53	51	56
PAT	47	53	51	56

A. Factor Scale
R. Factor Scale
Es. Supplemental Scale
MAC. Supplemental Scale

Table C-2
Individual and Mean T Scores on TSCS

Subject	Self Criticism	Positive Scores (Self-Esteem)					
		Total P	Row 1	Row 2	Row 3	Col A	Col B
ANNE	49	51	41	58	46	44	61
BETTY	49	37	32	43	39	29	36
CAROL	54	47	37	58	43	44	49
DOTTY	46	36	29	47	35	43	34
EVE	45	24	15	25	31	18	32
FRAN	48	43	33	53	45	19	68
GINNY	44	56	53	56	57	46	54
HELEN	51	28	22	32	34	10	50
IRENE	57	40	36	41	49	28	58
JUDY	54	27	33	27	25	13	32
KATHY	46	37	34	43	35	34	45
LIZ	45	37	37	45	38	38	52
MYRA	48	50	50	55	44	42	60
NORA	45	49	40	63	39	44	54
OLGA	50	52	43	52	57	33	55
PAT	48	48	47	52	46	41	54
Mean		41.38	36.38	46.88	41.44	32.88	49.63
S.D.		9.68					

Row 1. Identity
Row 2. Self-Satisfaction
Row 3. Behavior
Col A. Physical Self
Col B. Moral-Ethical Self

Table C-2 --extended

			Variability			
Col C	Col D	Col E	Total V	Col V	Row V	Distribution
60	36	47	53	44	62	47
49	41	44	56	52	58	32
56	33	60	39	52	62	44
39	40	36	39	36	44	36
25	21	27	55	58	50	53
46	42	51	53	32	73	42
62	59	53	32	35	31	50
37	23	36	63	51	74	36
38	49	39	61	53	65	54
27	30	41	69	66	68	46
33	44	39	45	41	51	36
44	33	44	54	51	57	36
58	52	39	44	41	51	43
39	59	46	47	38	58	42
58	51	60	58	51	63	47
49	46	54	40	39	43	43
45.00	41.19	44.75	50.50	46.25	56.88	42.94

Col C. Personal Self
Col D. Family Self
Col E. Social Self
Col V. Variability Col A-E
Row V. Variability Row 1-3

Table C-3
Individual Scores and Group Mean on ANS-IE

Subject	LOC Score
ANNE	15
BETTY	21
CAROL	9
DOTTY	17
EVE	27
FRAN	20
GINNY	12
HELEN	14
IRENE	10
JUDY	18
KATHY	13
LIZ	13
MYRA	18
NORA	26
OLGA	7
PAT	12
Mean	15.75
S.D.	5.72

APPENDIX D
INDIVIDUAL DATA FROM STRUCTURED INTERVIEWS

Table D-1
Individual Demographic Data

	ANNE	BETTY	CAROL	DOTTY
Age	38	20	30	25
Marital Status	M	M	M	M
No. of Previous Marriages	0	0	1	2
Unmarried in Relationship				
Years in Relationship	4	5	4	8
Number of Children	1p	3	3	2
Education (yrs.)	12	10	12	G.E.D.
Employed	No	No	No	No
Subject's Annual Income	0	0	0	0
Total Family Income	$25,000	?	$130,000	?
Religious	Somewhat	Somewhat	Somewhat	No
Religious Denomination	Prot.	Bapt.	Bapt.	Cath.

p. Pregnant

? - Subject is unaware of family income amount.

Table D-1 --extended

	EVE	FRAN	GINNY	HELEN
Age	29	20	21	25
Marital Status	M	M	M	S
No. of Previous Marriages	1	0	0	0
Unmarried in Relationship				X
Years in Relationship	6.5	2	4	7
Number of Children	2	1	3	1
Education (yrs.)	12	12	11	10
Employed	No	No	No	Yes
Subject's Annual Income	0	0	$3,600*	$3,600
Total Family Income	$11,000	?	?	?
Religious	No	Very	Somewhat	No
Religious Denomination	None	7 Day Ad.	Cath.	None

* - Has income from welfare.

Table D-1 --extended

	IRENE	JUDY	KATHY	LIZ
Age	29	35	27	50
Marital Status	M	S	S	M
No. of Previous Marriages	0	2	1	1
Unmarried in Relationship		X	X	
Years in Relationship	4	5 mos.	7 mos.	11
Number of Children	2	3	1p	2
Education (yrs.)	12	10	10	12
Employed	Yes	No	No	Yes
Subject's Annual Income	$6,000	0	0	$2,400
Total Family Income	$18,000	?	?	$6,600
Religious	Somewhat	No	Somewhat	Somewhat
Religious Denomination	Prot.	None	Meth.	Prot.

Table D-1 --extended

	MYRA	NORA	OLGA	PAT
Age	28	28	29	32
Marital Status	M	S	M	M
No. of Previous Marriages	0	1	1	1
Unmarried in Relationship		X		
Years in Relationship	5	4	6	3
Number of Children	2	3	4	5
Education (yrs.)	10	11	10	G.E.D.
Employed	Yes	No	Yes	Yes
Subject's Annual Income	$3,600	0	$2,400	$7,800
Total Family Income	$10,800	$10,800	$18,000	$25,800
Religious	Somewhat	No	Very	Somewhat
Religious Denomination	Cath.	None	Pent.	Prot.

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BIOGRAPHICAL SKETCH

Judy Katrina Wilson was born in Peru, Indiana, on February 16, 1944, to Eleanor McLaughlin Wilson and Wayne Wilson. An only child for 15 years, she was raised in Hollywood, Florida, and attended schools in Broward County. Her only brother was born when she was in high school. During grade school through high school she was interested and active in drama, music, dance, and psychology. She held various offices in leadership and service clubs while in high school. She graduated with honors from South Broward High School in 1962.

In 1967, she received her bachelor's degree in social sciences with a major in psychology from Florida Atlantic University in Boca Raton. She received a master's degree in 1969 in rehabilitation counseling from Florida State University in Tallahassee and a specialist's degree in counselor education in 1975 from the University of Florida. During her entire college studies she has worked part time or full time to afford the tuition and books in conjunction with her scholarships. She was employed in various student work positions in broadcasting, advertising, newspaper media, public relations, and psychology.

Her first professional job was as a vocational rehabilitation counselor in Panama City, Florida, working

with drug addicts and mentally ill clients. While awaiting entrance to the University of Florida Graduate School, she was an elementary guidance counselor for ten months in Ocala, Florida. During her graduate studies she was employed with Project CREST as a counselor and team leader working with hard core juvenile delinquents and their families. She was also the Executive Director of the Marion County Mental Health Association in Ocala, and in that capacity founded the Ocala Rape Crisis/Spouse Abuse Center. Under her direction this Center has grown to become one of the largest shelter facilities in the southeast.

While completing her doctoral studies at the University of Florida, she instituted an active community program for prevention and awareness of rape and of spouse abuse and coordinated a videotaping program for court use for children who had been sexually assaulted. Her current plans are to add another shelter facility to the two spouse abuse shelters in existence and to begin a child abuse prevention program for high risk parents and their children.

In 1979 she received an award for Outstanding Young Women in America and in 1981 the Marion County Jaycees awarded her Humanitarian of the Year. Citrus County Sertoma honored her as the first woman in their county to receive their Service To Mankind Award in 1984. Soroptimist International of Ocala has honored her with their Women Helping Women Award for two years.

Over the years she has been nominated to serve on several state, district and county committees, and boards by various governmental entities. She was reappointed for eight years to serve on the 16 county District Mental Health Board.

She is a member of the American Association of Counseling Development, the American Mental Health Counselors' Association, and Refuge Information Network. She is also a licensed mental health therapist in the state of Florida.

Her current hobbies include scuba diving, flying, sports car racing, and horticulture.

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

Roderick J. McDavis, Chairman
Professor of Counselor Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

Paul W. Fitzgerald
Professor of Counselor Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

James Joiner
Associate Professor of
Rehabilitation Counseling

This dissertation was submitted to the Graduate Faculty of the Department of Counselor Education in the College of Education and to the Graduate School, and was accepted as partial fulfillment of the requirements for the degree of Doctor of Philosophy.

August, 1985

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